BINDING

RESERVED

MARGIN

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Dare of ohser	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1931/2	Runover by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis,	3 days ago
	10	1030	
	145	9	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostpoenteritis	1 year
		- V	

stated EXACTLY. PHYSICIANS should state IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAbe properly classified. TION is very important. See instructions on back of certificate. UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY, WITH

MARGIN RESERVED FOR BINDING

V. S. No. 1

/	OF DEATH Baltimor	^			82-20	07834
/						
Village or City_Randallstown () Length of residence in city or town where death occurred 50yrs,mo					No. Old Court Road death occurred in a hospital or institution, give its NAME instead of the course	St.,Ward of street and number) imosds.
2. FULL N	IAME Mrs	• Made	line Aitt	'		
(a) Resid	dence: No.		(Usual place	of abode)	St., Ward. If nonresident give city of	or town and State
PERSO	DNAL AND	STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF D	EATH
3. SEX Female	4. COLOR OF		S. SINGLE, MAR OR DIVORCE Wid	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH August 22 (Month) (De)	, 193 3 y) (Year)
HUSBAND o (or) WIFE o		Aitt			22. I HEREBY CERTIFY, That July 30	
6. DATE OF BIRT	H (month, day, and	d year) De	ec. 17, 1	852	I last saw h. er alive on Aug. 20	
7. AGE	Years 80	Months 8	Days 5	If LESS than I day,hrs.	to have occurred on the date stated above, at 10.45 A. The PRINCIPAL CAUSE OF DEATH and related causes of impowers as follows:	
9. Industry work SAW 10. Date dec	ofession, or particu of work done, as S: ER, BOOKKEEPER, or business in while was done, as SILK MILL, BANK, etc eased last worked ccupation (month a	PINNER, etc ch MILL,	11. Total t	per time (years) not in this Life	Cerebral hemorrhage	Date of onset July 3 1933
	(city or town)	German		upation	Other Contributory Causes of importance:	
13. NAME	Unknown	1				
	ACE (city or town)_ or country)	Germa	ny		Vana	Date of
15. MAIDEN	NAME Unkn	nown			23. If death was due to external causes (VIOLENCE) fill in also t	
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Germany (State or country) 17. INFORMANT Madeline Aitt					Accident, suicide, or homicide? Date of inj Where did injury occur?(Specify city or town, cou Specify whether injury occurred in INDUSTRY, in HOME, or in	jury, 19
	Randal MATION, OR REMOTO OLY Cross		al	25/ 1933	Manner of injury	
19. UNDERTAKER (Address) 20. FILED LLLY	Frank Pikes	H. Ne ville,	well Md.	me	24. Was disease or injury in any way related to occupation of de If so, specify (Signed) (Signed) Pikes Ville, Md	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 17835
1. PLACE OF DEATH	
County Acceltenors	Registration Dist. No. 31
Village or city Catonsorle	No. Spread Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	//_ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME alexak	is
(a) Residence: No. 25 W Month du (Usual place of abode)	St., Ward. Kulteniots If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from Clar 20, 1933, to Que 1, 1933
6. DATE OF BIRTH (month, day, and year) Nov 12 1878	I last sawhthen alive on Que 1, 1933; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm, The PRINCIPAL CAUSE OF DEATH and related causes of importance
36 8 20 ormin.	were as follows: Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER. Resturant Koefe SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,	Brancho-Preumoria July 28
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Greece	General Pareens
13. NAME Skiriakos alexakis	ofth Insano apr 3
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Kristofily Karatualy) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Mos Geo. Granakoz. (Address) 25 w north ave-	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Moodlann Oato Cary 1930	Nature of injury
19. UNDERTAKER Chemistal & Som (Address) 36/3 kpuchent ave Balks	24. Was disease or injury in any way related to occupation of deceased? 245
20. FILED 8/2 , 1938 Allecture Registrar.	(Signed) Post Garrett M. D. (Address) Catonsull md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 5 1993			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SIAIL C	OF MAK	TLAND—	——— 07836
County Balto.			Registration Dist. No. 44
Village or City Mudale Length of residence in city or town where	ieath occurred	vrsmos	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Sathele (a) Residence: No. Nassix	Lane	mikeby)	St., Ward.
PERSONAL AND STATIST	(Usual place of		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE W	5. SINGLE, MARI		21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, ond year) 7. AGE Years Months) ec 24	1931 If LESS than Iday,	1 HEREBY CERTIFY, That I ettended deceased from 18, 19 33, to curpust 18, 19 33 t last sew h w ative on 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	6	ormin.	were as follows: Date of onset
12. BIRTHPLACE (city or town) Balta (State or country)	spen occu	me (years) It in this pation	Other Contributory Causes of Importance:
13. NAME Joseph (State or country)	0 -	un	Name of operation Date of What test confirmed diagnosis? Wes there on autopsy?
15. MATDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT JULY A (Address)	lte nol mheir	tt.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place The Redeemen	Laners R	un mol.	Manner of injury Nature of injury 24. Was disease er injury In any way related to occupation of deceased?
20. FILE Grang 7 / 19 2 3 / 16	blanks are reeded	Registrar.	If so, specify (Signod) (Signod)

CTATE OF MADYLAND CEDTIFICATE OF DEATH

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BURNELU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		STATE	OF	MARY	/LAND-	CERTIFICATE OF DEATH	MY (3 00 144
1	L PLACE OF	DEATH ,				(RS)	1831
	County	Saltin	w			Registration Dist. No. 49	
	Village or Ci	ty Miller	's Is	land	(1)	work & Muller John Roadst, death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Length of resid	dence in city or town w	here death	occurred		ds. How long In U.S. If of foreign birth?yrsmo	
:	. FULL NAM	ИЕ		Id	la M. Ande	rson	
	(a) Residence	ce: No. Pasad	ena,	Md. (Usual place o	f abode)	St., Ward. If nonresident give city or town and it	State
	PERSON	AL AND STAT	ISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	sex Female	4. color or RACE			(write the word)	21. DATE OF DEATH August 23 (Month) (Day)	193
5a.	If married, widowe HUSBAND of (or) WIFE of	ed, or divorced				22. I HEREBY CERTIFY, That I attended of	
6	DATE OF BIRTH (month, day, and year)	June	. 19th.	1879	I last saw h alive on	
	AGE Year			Days	If LESS than	to have occurred on the date stated above, etm.	
	54	2		23	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
N	8. Trade, profes	sion, or particular ork done, as SPINNER BDDKKEEPER, etc	Mon			accieto nota & Maria	
OCCUPATION		BDDKKEEPER, etc	, Non	ie	•••••	wellemal showning	X
:UP/	Work was SAW MILI	done, as SILK MILL, L, BANK, etc.					0
ÖÖ	10. Date decease this occup	ed last worked at pation (month and		11. Totel tir spen occur	ne (years) t in this pation		
12	BIRTHPLACE (city	y or town) B	altim	ore		Other Contributory Causes of importance:	
16	(State or coun) or tomif		ryland			
ER	13. NAME	Georg	e H.	Anderso	n		
FATHER	14. BIRTHPLACE	(city or town)				Neme of operation	
	(State or			rginia		What test confirmed diagnosis? Was there an au	itopsy?
HER	15. MAIDEN NAM			atrick		23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (State or	(city or town)		ester ginia		Accident, swiside, or hemicide? Aug. 13. Date of injury. Where did Injury occur? Millers Stones	19.3.2 mal
17	INFORMANT MT	. William	A. Ar	derson		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA) CE.
-		Pasadena, M	d. R.	F.D. 1)	Inblai, gli	
18	Place We	on, of REMOVAL	1/1	ale Auga	29 / 19 33	Manner of injury Manuel Mature of injury	w
19	UNDERTAKER	Losell	10	100	1	24. Was disease or injury in any way calated to occupation of deceesed?	
-	(Address)	/	1time	re St.		If so, specify chart was an a	10-
20	FILED Ung.	26,193	tohar	1. 10. 1	Registrar.	(Signot) (Address) Sparrows Point Rd., Sparr	ows Pt.
q		/			Tregionini, /	(

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Cerebral hemorrhage	July 5, 1927	Peritonitis 4	3 days ago
Other contributory causes of importance:	Ta	Other contributory causes of importance:	
Gallstones .	May 1,1923	Vestroenteritis .	1 year
	1	(60 4)	

V. S. No. 1

Bire

PLACE OF DEATH	200	
County Baltimore	\$	



STATE OF MARYLAND CERTIFICATE OF DEATH

	Catonsville (No. 650 Orpin	a hospitel er institu tion, give Its NAME in
PERSO	NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male	White Single, Wildowed. Single OR DIVORCED (Write the word)	16 DATE OF DEATH AUG 11 1933, 192 (Month)—(Day)—(Year)
6 DATE OF SI	May 9 , 1883 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from March 23 - 1932 to array //- 1933 that I last saw h imalive on array /0- 1233
7 AGE 8 OCCUPATION	50 yrs. 3 mos. 2 ds or min.	The CAUSE OF DEATH * was as follows:
(b) General in business, or		Contributory Cm. Interval 2 8 mas de Contributory Cm. Interval 2 mas de Contributory Cm. Interval 2 mas de Contributory Contributor Contri
Li I	Elijah Baker, LACE HER or country) Baltimore Md.	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (M. D. M. D.
12 MAIDER OF MOT 13 BIRTHE OF MOT (State	PLACE Ella V.McGee,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos de State yrs de Where was disease contracted,
	Mrs Clarence H.Smith.	where was disease continued, if not at place of death?
(Add	ress) 650 Orpington Road	Loudon Park Cemetery 19

If more blanks are needed state Vegistrar, 16 W. Saratoga St., Balton, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Housemaid, etc. Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) without more precise specification as Day For persons who have no occupation Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material If the occupation has been changed -Coal minc, etc. Wom-Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcomu, unqualified, is indefinite); Tuberculosis of lungs, menapproved Chronic interstitial nephritis, Whooping cough; American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse, Never report mere symptoms or terminal condiby Committee on Nomenclature or intercurrent) Chronic e." "Coma, affection need not be etc. The contributory valvular heart " "Convulsions," Meastes; disease; etc., or

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. shoeld County Village or City. a hospital or institution, give its AME instead of street and number) How long in U.S. if of foreign birth? _____ yrs. ____ mos. ____ds. Length of residence in city or town where death occurred PHYSICIAN 2. FULL NAME (a) Residence: No. RECORD Joual place of abode If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3/SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Mont) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY, That I attended deceased from (or) WIFE of . 19 3 3 death is said 6. DATE OF BIRTH (month, day, and year) If LESS than to have occurred on the date stated above. at 7. AGE Years Months Days 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were as follows Date of onset 8. Trada, profession, or particular PATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. hould may 9. Industry or business in which work was done, as SILK MILL, back SAW MILL, BANK, etc 11. Total time (years) 10. Data deceased last worked at this occupation (month and spont in this that occupation ... instructions Other Contributary Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town) plain What test confirmed diagnosis? Change Was there an autopsy? W (State or country) carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?______ Data of injury_________19_ DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT. pluods OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE T. Date Que 10 ... 1933 mation Nature of Injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify M (Signed). 20. FILED ... Registrar. (Address des State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

ARGIN

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1,1923	Other contributory eauses of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	07840
County Baltimore	Registration Dist. No. 38
Village or City EUDOWOOD SANATORIUM, TO	WSON MD St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred 2 yrs. 4 mos.	death occurred in a hospital or institution, give its IVAME instead of street and number) 2 O. ds. How long in U.S. If of foreign birth?
	usin.
(a) Residence: No. 1012 Seath	St. Ward, Ballinon
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write ha word) The service of the service o	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. Delember 5 1930 to Curyust 24 19 33
6. DATE OF BIRTH (month, day, and year) July 24/9/0	Hast saw her elive on Cugust 24 , 1933; death is sold
7. AGE Years Months days If LESS than I day. hrs.	to have occurred on the data statad above, at 10:30. A_m.
23 / O ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca werp is follows: Date of onest
8. Trade, profession, or particular kind of work done, as SPINNER, Cally Winder SAWYER, BOOKKEPER, etc.	FULLWAY / Whatoses November 1930
kind of work done, as SPINNER, Colling Wurder SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL James Forelow SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation disouth-and this pocupation disouth-and senant in this	
10. Date daceased last worked at this occupation from the date of the occupation occupation.	
12. BIRTHPLACE (city or town) Balliman	Othar Contributory Causes of Importance:
(Stata or country)	
13. NAME Charles Seusus.	
13. NAME Claub Seusin. 14. BIRTHPLACE (city or town). Ballinou.	Name of operation
(State of Country)	What test confirmed diagnosis? 1 Lug Was there an au opsy? 10
15. MAIDEN NAME Susce Wilson 16. BIRTHPLACE (city or town) Balterinous (State or country)	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:
[Stete or country]	Accident, suicide, or homicide?
Hospital Records Personal History	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Addie DOWOOD SANATORIUM, TOWSON, MD.	Specify whether injuly occurred in Industrit, in Nume, of the Public Place.
18. BURIAL, CREMOTION, OR, REMOVAL	Manner of injury
Placa Loudon Park Date Aug 26, 19 33	Nature of injury
19. UNDERTAKER WILL SE PAUL SE	24. Was disaase or injury in any way related to occupation of deceased? 200.
20. FILED 8-24, 1933 / 2011 (2) Registrar.	(Signad) M.D. (Ardress) Eudowood Sana, Towson, Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for exercise person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis,	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICHANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.—WRITE ELAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING. V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 07841
1. PLACE OF DEATH	(121)
County Baltinor	Registration Dist. No.
Village or City Bat on will foren	g. No. Store Horse state St., Ward death occurred in a horpital or institution, have its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charlotte I Bu	992
(a) Residence: No. 4101 Brookland	Astre Ward. Dalty . Mul
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female 4. COLOR OR RACE OR DIVORCED (write the word) While Wildele	21. DATE OF DEATH 29 193 3 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from 26, 1928, to Charge 29, 1933
6. DATE OF BIRTH (month, day, and year) Fely 25/1870	I last saw her alive on 7, 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
63 6 4 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Kind of work done, es SPINNER, Karsewart	
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this pecupation (month and	Chr. Inter replaction 2ms
10. Date deceased last worked at this occupation (month and year) 28 11. Total time (years) spant in this occupation 25 Mag.	
12. BIRTHPLACE (city or town) Backmon	Other Coutributory Causes of importance:
(State or country)	Entero- Coletia 16k
13. NAME John R. Grannesa	
14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diagnosis? Was there en au'opsy?
The state of the s	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) State or country)	Accident, suicide, or homicide? Date of injury, 19, Where did injury occur?
17, INFORMANT MIST. Welter Bell (Address) 4/0/ Brooklan & due	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Piece Kruig Judge Date Jug 31 1933	Manner of Injury
19. UNDERTAKER Sewall T. Skolven CO	24. Was disease or injury in eny way related to occupation of deceased? 20.
20. FILED 193 Alabelle Registrar.	(Signed) Note & Garnett M. D. (Address) Catonovelle In A
If more dianks or persent adden state Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Sellengy	CERTIFICATE OF DEATH
\sim	Registration Dist. No. 4
Village or City Sparrows (World M.) 2FULL NAME Joseph Black	St.: Ward) St.: Ward) (If death occurred In a hospitel or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED NAVVIEW (Write the word)	16 DATE OF DEATH (Month) / (Day) /933 Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
12 23 , 11893 (Month) (Day) (Year)	
7 AGE 39 yrs. 6 mos. 22 ds. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yts mos ds. Heat Exhaustions
9 BIRTHPLACE (State or country) South Carolina 10 NAME OF FATHER Unknown	Contributory Secondary (Duration) (Signed) (Signed) (Signed) (Duration) (Duration) (Duration) (Duration) (Signed)
OF FATHER (State or country) South Carolina	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER UNKNOWN 13 BIRTHPLACE OF MOTHER (State or Country) South Garaline	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Sparra Point, Lide	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL South Callery 4 2 , 1933 20 UNDERTAKER ADDRESS
Filed Cly 3 ~ 1923 4 M Jon Well Registrar If more blanks are needed, address State Registra	Isauch LOBiging 105 he in the state of the s

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more process. The laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—the duties of the Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, whatever, write None. Howsemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on. especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

letanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (Recommendations on statement of cause of death inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection, need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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9	n s	SE	IS.
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMA	mation should be carefully supplied. AGE should be stated EXA	CAUSE OF DEATH in plain terms, so that it may be properly clas	TION is very important. See instructions on back of certificate.
1	E	C	H

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	07843
County Baltimore	Registration Dist. Np. 31.
Village or City Woodlawn	No. Rolling Road St., Ward
Length of residence In city or town where death occurred 3 kg 55 (II	death occurred in a hospital or institution, give its NAME instead of street and number) de How long in U.S. if of foreign birth?mosds.
2. FULL NAME Baly Boy Bles	4 2000
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Months (Day) (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIEY, That I attanded daceased from
In a 10 19	3, 1935, to Curaust 3, 1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Date If LESS than	last saw halive on
1 day 3 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Dete dacaased last worked et this occupation (month and	Prematurity due to
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	Sebrile Randition in
SAW MILL, BANK, atc	mother (acute entricted)
this occupation (month and spent in this occupation occupation	
Illrad laws.	Dthar Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME James Herbet Bleable	
13. NAME Yames / Verbert Bloable 14. BIRTHPLACE (city or town)	Name of operation 20012 . Data of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Geneviere C. Carpenter	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Beltimes	Accidant, sulcide, or homicide?
E (State of country) Manyland	Where did injury occur?
17. INFORMANT Ma Sergrand Bleakler (Addrass) Woodlawn Mit	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 3- 33	Mannar of injury
Placa Home Toi - Date Mg. 3- 33	Natura of injury
19. UNDERTAKER Herber Bleakly Facher (Address) Woodlow.	24. Was disaase or injury in any way related to occupation of decaasad?
20. FILED rug. 3- , 19 83 M-h. Buffers Registrar.	(Signad) Word Lawn M. D.
If more blanks are needed address State Registrar	2422 N. Charles Street Baltimore Passactor 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II

Example 1		Example 11	Disample 11			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attock of epilepsy	1 week ogo			
Chronic interstitial nephritis	1921	Run over by street cor	1 week ogo			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago			
Other contributory causes of importance:		Other contributory causes of importance:				
Gollstones	May 1,1923	Gastroenteritis	1 year			

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 07844
County Baltimore	Registration Dist. No. 9 36
Village or City EUDOWOOD SANATORIUM, Length of residence in city or town where death occurred 5 yrs 3 mos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Clark Blum	
(a) Residence: No. 2022 Park are. (Usual place of abode)	St., Ward. Ballinou Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fewal 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. INHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) November 12, 1890	I last saw hele aliva on augus \$12,19.33; death is sald
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the data stated above, at 2 20 A m.
42 9 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Abusewiff.	Pulmmay Introduces may
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (more than and a company). 11. Total time (years) separation this	
11. Total time (years) this occupation (most) and 927 spent in this 20 occupation	
12. BIRTHPLACE (city or town) New York City (State or country)	Other Contributory Causes of importance:
13. NAME John Blum.	
13. NAME John Bluin. 14. BIRTHPLACE (city or town) France. (State or country)	Name of operation Oate of What test confirmed diagnosis? X—Ray Was there an au opsy? MO
15. MAIOEN NAME Quelusta?	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Cheusta 16. BIRTHPLACE (city or town). Germany (Stata or country)	Accident, suicide, or homicide? Data of injury, 19
Hospital RecordsPersonal History 17. INFORMANT DOWOOD SANATORIUM. TOWSON. MD.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CONCLUSION CONCLUSION 1933	Manner of injury
19. UNDERTAKER Chas & Black (Address) 742 W. Douth au Ballino	24. Was disease or injury in any way related to occupation of deceased? 100:
20. FILED Aug 12, 1933 Ju P. Bulter Me	(Signad) M. O. (Address) Eudowood San., Towson, Md.
If more blanks are needed, address State Reporter	

CEDTIFICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries: Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.-

STATE O	F MARYL	AND-	CERTIFIC	CATE	OF	DEATH
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07845

1.	PLACE OF DEATH		92.0	
	County Balliss	iore	Registration Dist. No.	
1/2	Village Dr City	/		Ward
/	Length of residence in city or town whera d		death occurred in a horpital or justitution, give its NAME instead of street and number) ds How long in Jo.S. if of foreign birth?	de
/	4/1/	Fee 12 /2 h	The state of the s	u c
2.	FULL NAME Wifel	ur pover		
	(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
200.00000	PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SE		5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	5
201	ale While	OR DIVORCED (write the word)	(Month) (Day) (Ye	ar)
	married, widowed, or divorced HUSBAND of (or) WIFE of	Bober	22. I HEREBY CERTIFY, That I attended deceased	
6 DA	TE OF BIRTH (month, day, and year)		I last saw h alive on, 19; death	is sai
7. AG		Days If LESS than	to have occurred on the data stated above, atm.	
1	51 L	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-	8. Trade, profession, or particular		Mate of Date of	lonse
9	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	rissel.	Illisocardeal prouttectus	4
PA	Industry or business in which work was done, as SILK MILL.			+
000	work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total tima (years)		
Ö	this occupation (month and year)	spent in this	0	
12. B	IRTHPLACE (city or town) July	end.	Other Coutributory Causes of importance:	
~	(State or country)	h 1		
I	3. NAME Case.	Bover		
-	4. BIRTHPLACE (city or town)	land.	Name of operation Date of	
œ .	(State or country)	77 6 0	What test confirmed diagnosis? Was there an autopsy?.	
뿌 1-1	5. MAIDEN NAME	focuse	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOT	6. BIRTHPLACE (city or town)	Poland	Accidant, suicide, or homicida?, Data of injury, 19	
-1	(State or country)		Where did injury occur? (Specify city or town, county and State)	
17. IN	FORMANT acres 17	arryll.	Specify whather injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.	
	(Address) 044 8/8a	et lefte.		
18. B	Place duczel flurt st	Date / Mug 12, 19 33	Manner of injury	
19. U	NDERTAKER Autur	Deedle St	24. Was disease or injury In any way related to occupation of deceased?	,-\$-
20. F	LED 8/10/33, 19 8M	Marwa Rogistrar.	(Signed) Fractically Hedams Colons (Address) 64 Alum dalk annales	M.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

should state of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07846
1. PLACE OF DEATH	(22)
County Balto.	Registration Dist. No. 44
Village or City Lexet	No. Stewart Ore' St., Ward
Length of residence in city or town where death occurred 12_yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Marie a. Box	10
0+ 1-0	St., Ward.
(a) Residence: No. O'Cewart Cwc. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX The Shift S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The married	21. DATE OF DEATH (Mogh) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND OF (or) WIFE of Rosque Bosse	22. HEREBY CERTIFY, That I attended deceased from Carrany 1933 to Carra as 22 1935
6. DATE OF BIRTH (month, day, and year) (Oct. 25-1894	
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 2:45 Pc.m.
38 9 29 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	were as follows:
SAWYER, BOOKKEEPER, etc.	Chrome Mysearthus 1932
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last workad at this occupation (month and	
10. Oate deceased last workad at this occupation (month and yaar) 11. Total tima (years) spant in this occupation	
12. BIRTHPLACE (city or town) Balto.	Other Contributory Causes of importance:
(State or country) Ind'	(coute Cantias Milabation
13. NAME John a. Helsch	
14. BIRTHPLACE (city or town) Balto.	Name of operation
Totale of country)	What test confirmed diagnosis? Climes Steeling Was there an autopsy? 20
15. MAIDEN NAME amelia 6. Ronnelly	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Cornelia C. Ronnelly 16. BIRTHPLACE (city or town). Salto.	Accident, suicide, or homicida?, 19, 19, 19
State or country hand	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Seo: 1500. (Address) Cassex	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place new Cathedral Data ling 2 5, 1933	Nature of injury
19. UNDERTAKER John J. Connelly (Address) md.	24. Was disease ar injury in any way related to occupation of daceased? 200
20. FILEO Cury 25, 1915 John G. Commeller Registran	(Signed) (Address) Escaly, M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

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		·	

PLACE OF DEATH

County	Bo	1+0	
County	Da	LUO	

STATE OF MARYLAND

ADDRESS

S

County	Balto			46	Registration	Dist. No. 7 Y
	JLL NAME				nesaso Av. Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSO	NAL AND STATIST	CAL PARTICUL	ARS	MED	ICAL CERTIFICATE	OF DEATH
Female	4 COLOR OR RACE	S SINGLE, MARRIED, WIDDWED, DR DIVDRCED (Write the word)	Widow	16 DATE OF DEAT	H Aug.	24 , 192 33 —(Day) (Year)
6 DATE OF BIS					PY CERTIFY, That I at	ended the deceased from
7 AGE	Jan (Month)	(Day)	1874. (Year)	that I last saw h	~	2 2
	59 yrs. 7	i i	day hrs.	The CAUSE OF DE	Caucar of	Strang -
(b) General i	notession or nd of work nature of industry establishment in lyed or (employer) H	Retired.			(Durstion)	
9 BIRTHPLACE (State or constitution of State or constitution or constitution of State or constitution or const	ountry) Ba: CF Louis De	lto. Md.			(Duration) 237(Address) 500.	yra mos de
C OF FATE (State of MOT OT MOT OF MOT OT MOT OF MOT	N NAME THER ?	Hogan.		Violent Caus s, Accidental, Suicid	state (1) Means of I lal or Homicidal. RESIDENCE (For Hespi	njury and (2) whether
OF MOT (State	HER	land.	OGE	At place of death yrs	ontracted.	teyısde.
(Informan	George Zori	(Son-in-la	aw).	Former or usual residence		DATE OF BURIAL
(Add	lress) Old Phila	nd nr	hesac	AV. Sacr	ed Heart	Aug. 26 . 19 3

20 UNDERTAKER

Rogistra

If mere banks are needed, address State Register, 16 W. Saratoga St., Balte., Requesting V. S. No. 1.

No. 1 υô

15

Filed aug. 25

193

(Approved by U. S. Census and American Public Health Association.)

er, etc., without more recommend mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, should be used only when needed. As examples : (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health en at home, who are engaged in the duties of the additional line is provided for the latter statement; is nature of the business or industry, and therefore an tion applies to each and every person, irrespective or whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return 'Laborer," "Foreman," Manager," "Pealeases, especially in industrial employments, it is neces Civil engineer, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, first line will be sufficient, e. g.. Farmer or Planter, Forenun, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery enum, (b) Automobile factory. The materia without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. Locomotive engineer But in many

Stritement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal moningitis"); Diphtheria (avoid use of "Croup"); prophoid fever (never report "Typhoid Pneumonia"); abar pneumonia. Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," ctc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopmeumonia (secondary) stated unless important. Example: Measles (disease "PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuborculosis of lungs, mentclanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e. g., sepais, curbolic acid -- probably smaide. The nature of the injury, accident; Revolver would of hard homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary Whooping American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning, Struck by railway train taken. Uraemia," "Wcakness," etc., when a definite disease (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as or intercurrent) affection need not be cough; Chronic etc. valvular heart disease; The Sarcoma,, etc., of " Shock," contributory death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cartificate to permanently filed.

V. S. No. 1 m

should state

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF	F DEATH			(45)	
County	Baltimore			Registration Dist. No. 32	
Village or C	ity Owings M	ills, Mary	land	No. Ritter's Lane St., death occurred in a horpital or institution, give its NAME instead of street and nur	Ward
Length of resi	dence in city or town whe	re death occurred		ds. How long In U.S. if of foreign birth?yrsmos.	
2. FULL NAI	ME John F.	Bowen			
(a) Residen	ce: No.Ritter's	Lane, Owi		MdSt., Ward. If nonresident give city or town and St	ate
PERSON	AL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August (Month) (Dey)	1933 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced Laura V. Bo	wen		22. I HEREBY CERTIFY, Thet I ettended de October 18 ,1932 ,to August 11	
6. DATE OF BIRTH (month, day, and year) rs Months 79 8	Dec. 1, 18	1f LESS than 1 day,	to have occurred on the date stated above, at 3 A · m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
SAWYER, 9. Industry or work was SAW MIL 10. Date decease this occuparation. 12. BIRTHPLACE (cit (State or court	ty or town) Owing	11. Total t spe occ	ermer lime (yeers) int in this upation	Carcinoma of left lower jaw, face and throat Cremony in laft lower jaws around a tooth. Curf R. Other Contributory Causes of importance:	?
I	ames Bowen (city or town)Pe) country)	nsyl v ania		Name of operation None Date of What test confirmed diagnosis? Clinical Was there an aut	
15. MAIDEN NA 16. BIRTHPLACE (State or	(city or town)Pe	Schaefer ennsylvania	9.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT (Address) 18. BURIAL, CREMAT Place DT	Edward L. 2705 Cold S 10N, OR REMOVAL uid Ridge	pring Lan		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAC Manner of injury Nature of Injury	E.
19. UNDERTAKER (Address) 20. FILED Alag	William Coo 1217 St. Pr 12.,1953		alto. Md.	24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) (Address) Pikes ville, Maryland	ΝΩ

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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and the second s	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

See instructions

TION is very important.

FATHER

MOTHER

12. BIRTHPLACE (city or town)

15. MAIDEN NAME

13. NAME

Hospita

19. UNDERTAKER

(Address)

(State or country)

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION OR REMOVAL

(State or country)

	or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
X	infor state UPA	1. PLACE OF DEATH	<u> </u>
X	of CC CC	County Baltimore	Registration Dist. N
	y item S shout t of O	Village or City EUDOWOOD SANATORIUM, TON Length of rasidence in city or town whera death occurredyrsmos.	death of ured me horpital or institution, give its NAME instead
	D. Every SICIANS tatement	2. FULL NAME Ella Marin Bras (a) Residence: No. 2022 Willielin	hear Ballin
	RECORI PHYS Sxact sta	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city MEDICAL CERTIFICATE OF
Ü	ENT RE	3. SEX 4. COLOR OR RACE OR DIVORCED (while the word) The second of the	21. DATE OF DEATH (Month) 20.
BINDIN	RMANN X A C T classifie	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) May 25 / 160 (?)	1 HEREBY CERTIFY, That Que 26 19 37, to Que
FOR B	IS A PE stated E properly	6. DATE OF BIRTH (month, day, and year) // AGE Years 73(?) Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, all D:13 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Impare as follows:
	HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER. Maeline Durotur SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done as SILK MILL Q	Chimic Myoear
ESERVED	INK—T E should at it may s on back	work was done, as SILK MILL, SLUT FOLIAN 10. Data deceased last worked at this occupation (month and year) year) volume to the second strength of the second strength occupation (month and year)	

Registrar.

If more blanks are needed, afters State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

	Registration Dist. No.
1	death occurred me hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? yrs. mos. ds.
1	hear 2 0A.
	St., Ward. Baltimore If nonresident give city or town and State
The same	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH (Month) 26 (Day) (Year)
	22 I HEREBY CERTIFY. That I attended deceased from 26 19.37 to sugust 26 19.33 I last saw h. L. alive on august 26 19.37; death is sald
	to have occurred on the date stated above, at D: 15 Pm.
The second second	The PRINCIPAL CAUSE OF DEATH and related causas of Importance ware as follows: Date of onset Date of onset Date of onset
1	1933(,
ı	
	Dther Contributory Quees of Importance: / when wise?
-	
-	Nama of operation Date of
Total Control	What test confirmed diagnosis? 2000 Was there an eu opsy? MQ
1	23. If death was due to external causes (VIOL ENCE) filt in also the following:
-	Accident, suicida, or homicide? Date of Injury, 19
	Where did injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Manner of injury
	Nature of injury
	24. Was disease or injury in any way related to occupation of deceased?
•	(Signed) N (1) Miller M. D.
	(Address) Fridayood San Marieon Md

V. S. No. 1

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Pcritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		r	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	V
for authorization of change A date that Certificate and	estiled see
letterunden Mr. Butler Jajzk/33 g	/) -:

N. B.-WRITE

0	7	8	5	()

County Baltimore Registration Dist. No. Village or City Phoenix (If death occurred in a hospital or institution, give its NAME instead of street and Length of residence in city or town where death occurred 2 yrs. mos. 2. FULL NAME Dr. Hugh W.Brent (a) Residence: No. Marren Road Phoenix St. Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED, Married Married White of Bobdoo Married (Cor) Will of Helen Voglor 5a. If married, widowed, or divorced Fooder of Married (Cor) Will of Helen Voglor 6. DATE OF BIRTH (month, day, and year) Apr. 21 1881 7. AGE Years Months Days If LESS than Iday. And year of Cor) Will of Helen Voglor 8. Trade, protession, or particular sind of work done, as SPINNER, SAW Will. JAMK, etc. 10. Date General and will see the word of the word was done, as SIN MILL, SAW Will. JAMK, etc. 10. Date General and will see the word of the word was done, as SIN MILL, SAW Will. JAMK, etc. 10. Date General and word of the data stated abova, at min. SAW Will. JAMK, etc. 10. Date General and word of the data stated abova, at min. SAW Will. JAMK, etc. 10. Date General and word of the data stated abova, at min. SAW Will. JAMK, etc. 10. Date General and word of the data stated abova, at min. SAW Will. JAMK, etc. 10. Date General and word of the data stated abova, at min. SAW Will. JAMK, etc. 10. Date General and word of the data stated abova, at min. SAW Will. JAMK, etc. 10. Date General and word of the data stated abova, at min. SAW Will. JAMK, etc. 10. Date General and word of the data stated abova, at min. SAW Will. JAMK, etc. 10. Date General and word of the data stated abova, at min. SAW Will. JAMK, etc. 10. Date General and word of the data stated abova, at min. SAW Will. JAMK, etc. 11. INFORMANT Dr. General Accountry Will. 12. BIRTHPLACE (city or town). Md. 13. IMAGE HIDE BUIL INCOMENTAL ACCOUNTS ACCO	14
(If dash occurred in a hopital or institution, give its NAME instead of street and desemble of the state of street and desemble of street and	y .
2. FULL NAME Dr. Hugh W.Brent (a) Residence: No. Warren Road Phoenix St. Ward. PERSONAL AND STATISTICAL PARTICIDARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mala White Sa. If married, widowed, or divorced Hispania of (Cr.) Will of Helen Vogler 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than 1 day, hrs. wide was donne, as SPINNER, SAWIER, BOUKKEPER, etc. Physician S. Irade, profession, or particular work was donne, as SILK MILL, spinlin in this occupation work was donne, as SILK MILL, spinlin in the social pation (month) and occupation work was donne, as SILK MILL, spinlin in the social pation (month) and occupation work was donne, as SILK MILL, work was donne, as SILK MILL, spinlin in the social pation (month) and occupation work was donne, as SILK MILL, spinlin in the social pation (month) and occupation work was donne, as SILK MILL, spinlin in the social pation (month) and occupation work was donne, as SILK MILL, spinlin in the social pation (month) and occupation work was donne, as SILK MILL, spinlin in the social pation (month) and occupation work was donne, as SILK MILL, spinlin in the social pation (month) and occupation work was donne, as SILK MILL, spinlin in the social pation (month) and occupation work was donne, as SILK MILL, wore was donne, as SILK MILL, work was donne, as SILK MILL, work was	Ward
(a) Residence: No. Warren Road Phoenix PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE No. White White White White No. Divorced (which word) HUSANO (or) Wife of HUSANO (or) Wife of Form of the profession, or particular 22. I HEREBY CERTIFY, That I attended to have occurred on the data stated above, at	osds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wire the word) Male White Married Mar	
3. SEX 4. COLOR OR RACE Male White Whoth Work So DATE OF BIRTH (month, day, and year) App 21 1881 To have occurred on the data stated abova, at	I State
Male White Married 5a. If married, widowed, or divorced Husband of (or) wife of Helen Vogler 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWER, BOOKKEPER, etc. Physician 10. Date of decased last worked at this occupation (month and year) 10. Date of decased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Hugh Brent 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Salie Bull 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Dr. G. Carpoll Lockard (Address) 4 Preston St.	
Sa. If married, widowed, or divorced HUSEAND of (or) WIFE of Helen Vogers 6. DATE OF BIRTH (month, day, and year) Apr 21 1881 7. AGE Years Months Days If LESS than 1 day, hrs. 52 3 28 or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAW MILL, BANK, etc. 10. Date of deceased last worked at this occupation (month and year) spant in this occupation (month and (State or country)) 12. BIRTHPLACE (city or town). Baltimore Md. (State or country) 13. NAME Hugh Brent 14. BIRTHPLACE (city or town). Va. 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME Sallie Bull 16. BIRTHPLACE (city or town). Md. (State or country) 17. INFORMANT Dr. G. Carroll Lockard (Address) 4 Preston St.	, 193 33 (Year)
6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINKER, SAWYER, BOKKEEPER, etc. Physician To be PRINCIPAL CAUSE OF DEATH and related causes of importance were follows: Were of follows: Were of follows: Were of follows: SAWYER, BOKKEEPER, etc. Physician Other Coutributory Causes of importance: Other Coutributory Causes of importance: What test confirmed diagnosis? Was there an Society whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC Picks of the physician of the physician and the followin Accident, suicide, or homicide? Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC Picks of the physician and the public picks of the physician and the physi	
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TAGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWTER, BOOKKEPFR, etc. Physician SIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Hugh Brent 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME SAI Jie Bull 16. BIRTHPLACE (city or town) (State or country) Material death was due to external causes (VIOL ENCE) fill in also the followin Accident, suicide, or homicide? Date of injury. (Specify city or town, country and Six Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC Plants and the country and Six Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC Plants The PRINCIPAL CAUSE OF DEATH and related causes of importance mere it follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance mere it follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance mere it follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance mere it follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance mere it follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance mere it follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance mere it follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance mere it follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance mere it follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance mere it follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance mere it follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance mere it follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance mere it follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance mere it follows: The PRINCIPAL CAUSE OF DEATH and related caus	_; death is said
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. Physician 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Baltimore Md. (State or country) 13. NAME Hugh Brent 14. BIRTHPLACE (city or town) Va. Name of operation. Data of (State or country) 15. MAIDEN NAME Salie Bull 16. BIRTHPLACE (city or town) Md. (State or country) 17. INFORMANT Dr. G. Carroll Lockard (Address) A. F. Preston St.	
Sind of work done, as SPINNER, SAWYER BOOKKEEPER, etc. Physician Sind with work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) Symmin this Symmin this Symmin this Symmin this State or country)	Date of onset
13. NAME Hugh Brent 14. BIRTHPLACE (city or town) Va. Name of operation Data of (State or country) What test confirmed diagnosis? Was there an Va. What test confirmed diagnosis? Was there an Va. V	
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 17. INFORMANT 18. DP 19. Carroll Lockard (Address) A E Preston St Name of operation What test confirmed diagnosis? Was there an 23. If death was due to external causes (VIOL ENCE) fill in also the following accident, suicide, or homicide? Specify city or town, country and State or country Specify city or town, country and State or	
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16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Dr. G. Carroll Lockard (Address) 4 E. Preston St.	
(Address) 4 F Preston St.	, 19 te)
Place Loudon Park Date Aug 21 19 33 Natura of injury	
19. UNDERTAKER ON O. March 19. 19. 19. UNDERTAKER 19. UN	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Evample II

is an

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis BALLYMAN	3 days ago
		FE DUA	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		•	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIA
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V. S. No. 1 N. B.—

L. PLACE OF DEATH	23)
Village or Gity Montton, In	Registration Dist. No. O \ No. St., War
Length of residence in city or town where death occurred	
2. FULL NAME Carrie Belle	Brewer
(a) Residence: No. Montal Visual place of about	e) St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED. OR DIVORCED (write	
If married, widowed, or divorced HU8BARD of (or) WIFE of Charles C. Brewe	22. JI HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, and year) Legal 12	876 Has sow her alive on July 157, 1933; death is sa
	LESS than to have occurred on the date stated above and A m.
	yhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Julinonary Jubelluloses 192
9. Industry or business in which work was done, as SILK MILL, at Home	
10. Date deceased last worked at this occupation (month and year)	is
BIRTHPLACE (city or town) Blue howh. Back (State or country)	Other Contributory Causes of importance:
13. NAME Charles St. Leight	6
14. BIRTHPLACE (city or town) lefute Itale, Res	Name of operation Dune Date of
15. MAIDEN NAME Lach Varylor	What test confirmed diagnosis? Was there an autopsy?//2
0.1	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
INFORMANT Charles C. Rouser (Address) may bed	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
UNDERTAKER P. Marle Lindon (Address) What shall had	24. Was disease or injury in any way related to occupation of deceased?
FILE Quelle Speller Col	If so, specify Chas Churles M.

CTATE OF MADVI AND CEDTIFICATE OF DEATH

12 MI COP 1

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AURE AT VAL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		CONTRACTOR OF THE STATE OF THE	

AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

1	STATE O	F MARYLAND-	-CERTIFICATE	OF DEA	TH ()	7852
1. PLACE	OF DEATH		92.00			
County_	Ballen	iss	A	Registration	Dist. No. 30	
Village o	r City Catoria	relle.	ND. Edita on slig If death occurred in a hospital or instit	ne Ge	St.,	Ward
Length of	residence in city or town where de		sds. How long in U.S. if			
2. FULL N	IAME hel	of Brend	el			
(a) Resid	dence: No.	(Usual place of abode)	St.,Ward.	If nonresident	give city or town an	d State
PERSO	ONAL AND STATISTIC	CAL PARTICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
male.	4. COLOR OF RACE	5. SINGLE MARRIED, WIDOWED, OR DECORPORATE (write the word)	21. DATE OF DEATH	aug (Month)	OR3 (Day)	, 193 (Year)
5e. If married, wi HUSBAND o (or) WIFE o	of Co	Brendel	22. I HEREB		Y. That I attended	
6. DATE OF BIR	TH (month, day, and year)	un 23-186 -	I last saw h alive on		re (1933	
6. DATE OF BIR 7. AGE 8. Trade, p	Years Nonths	Days If LESS than	to have occurred on the date sta	0.		
	11/02	ormin.	The PRINCIPAL CAUSE OF DEA	ATH and related caus	es or importance	Date of onset
kind	rofession, or particular of work done, as SPINNER.	erciose M/2	Cerebral II	- Lu mil	6	Maril
S 9. Industry	or business in which was done, as SILK MILL, MILL, BANK, etc.	12046	Control of the second		3	1932
5 0 10. Date dec	ceased last worked at heard	32 11. Total time (years) spent in this 40 occupation 40				
12. BIRTHPLACE (State or	(city or town)		Other Contributory Causes of Im	portance:		
(State or		Many	acul	myocs	roleten	1 and
IS I I I I I I I I I I I I I I I I I I	John Osa	endel				
Y IA BHRTHPL (Stat	ACE (city or town)	record	Name of operation What test confirmed diagnosis?_	Church	Date of Date of	autopsy?_QQ_
15. MAIDEN	NAME Era Ke	rr o	23. If death was due to external c	auses (VIOLENCE) f	In also the following	ng:
16. BIRTHPL	ACE (city or town)		Accident, suicide, or homicide?		Date of injury	, 19
15. MAIDEN 16. BIRTHPL (Stat	te or country)	on Clean	Where did injury occur?	(Specify city or	town, county and St	ale)
17. INFDRMANT (Address 18. BURIAL, CRE	Sau on	Lon and	Specify whether injury occurred	iii inuostki, in H	JMC, OF INPUBLIC P	LACE.
18. BURIAL, CREI	MATION, OR REMOVAD	Que al 13	Manner of injury			
	uden volk	Date 19	Nature of injury			
19. UNDERTAKE	John all	nch	24. Was disease or injury in any	way related to occup	pation of deceesed?	WG-
(Address)	12008	elealso	If so, specify	lalo A	has D.	ΛM. D.
20. FILED (C)	4 24 . 19.33 M	haistoile 13 we	(Address)	almin	200 mg	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	å	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	Ng	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

B.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	

117050

STATE OF IMA	ANILAND	CERTIFICATE OF DEVIL
1. PLACE OF DEATH		(9)
County Baltimore		Registration Dist. No. 50
		No. St., Ward if death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurre		sds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Daniel	J. Brod	crick
(a) Residence: No. Paradui M (Usua	Iplace of abode)	St, Ward. If nonresident give city or town and State 10
PERSONAL AND STATISTICAL PA	ARTICULARS	MEDICAL CERTIFICATE OF DEATH
OR DIV	MARRIED, WIDOWED, ORCED (write the word) Widower	21. DATE OF DEATH August (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Fannie Olive	p of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 14		I last saw h 462 alive on Que 46 3 1933; death is said
7. AGE Years Months Day		to have occurred on the date stated above, at 10-36/m.
82 5 18	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence
9 Trade profession or particular	i ormin.	were as follows: Rheum a tie to de Ear itis Data of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	red	Increasing massearsial
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		ing afficiency
	Total time (years) spent in this occupation	
Jour /	occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Baltimore		Heat
Daurer phodelrok		Name of operation 2007
(State or country) Ireland		What test confirmed diagnosis? The grant Was there en autopsy? The
15. MAIDEN NAME Ann McCulla		23. If death was due to external causes (VIOL ENCE) fill in also the following:
16 RIPTHPI ACE (sity or town)	eland	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Victorine Murph	y	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Glanworth, Cato:	nsville, Md	Manner of Injury
Place Cathedra 1 Date J		
		24. Was disease or injury in any way related to occupation of deceased? %
19. UNDERTAKER Rita Wiedefeld (Address) 914 Greenmount	Ave.	If so, specify
20, FILED 8/4 1938 ARCAU	Diese	(Signed) Frank R. 542th M.D.
20. FILED	Registrar.	(Address) 927 2 Calmet It Balts

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Example II Example I The principal cause of death and related eauses Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory eauses of importance: Other contributory eauses of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ä ż

STATE O	F MARYLAND—	CERTIFICATE OF DEATH	0785
1/ PLACE OF DEATH		93-0	Z)
County Ballimore	10	Registration Dist. No.	70
Village or City Calon 3 se	ille of	If death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where de		s. 13 ds. How long in U.S. if of foreign birth?yrsm	
2. FULL NAME Richard	& R. Brown		
(a) Residence: Np. Linthy	icery Neights.	Male Ward.	
	(Usual place of abods)	If nonresident give city or town and	J State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
made white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (arms the word)	21. DATE OF DEATH Month) (Day)	, 193 <u>3</u> (Year)
5a. If married, widowed, or divorced HUSBAN of (or) While of	2	22. HEREBY CERTIFY, That I attended	deceased fro
(or) WHE of	~	aug. 14 ,1933 to aug - 26-	1935
6. DATE OF BIRTH (month, day, and year)	er 24th 1914	1 last saw him alive on aug - 16 - 1, 1933	l_; death is sa
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 10:15-Am.	
18 10	2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Datapofons
8. Trade, profession, or particular kind of work done, as SPINNER,	A	acute hyecardelis	8/23/
SAWYER, BDDKKEEPER, etc	nunon dokar		1
work was done, as SILK MILL, SAW MILL, BANK, etc.	your colores		
1D, Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
year)	octupation	Other Contributory Causes of importance:	1.01
12. BIRTHPLACE (city or town) - Mary	dela	Demerilia Gralla G	19/1/2
	rww		
13. NAME QUUE (3016) 14. BIRTHPLACE (city or town) - May	walkerd.	Name of operation 200 Date of	
(State or country)	yeur	What test confirmed diagnosis Many tous & Signa Was there an	autopsy?_H
15. MAIDEN NAME Caroline	r. Young	23. If death was due to external causes (VIOLENCE) fill in also the followin	
15. MAIDEN NAME CAroline 16. BIRTHPLACE (city or town)	explored!	Accident, suicide, or homicide?Date of injury	, 19
∑ (State or country)	egion.	Where did injury occur? (Specify city or town, county and Sta	
17. INFORMANT Mra Caralus 1	Soults one	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	LACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Clar Hill	Date Ung 29 , 1933	Nature of injury	
19. UNDERTAKER John 7 1. (Address) 715 Tight	ermy	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED 8/2 1933	IP Sudre	(Signed) WOCK. E. James	etM.
12/13/6	Registrar.	(Address) Caternsinles	med
If more b	lanks are needed, address Sate Registrar	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	-

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1	louves of person	07855
	PLACE OF DEATH,	STATE OF MARYLAND
	County Baltemore	CERTIFICATE OF DEATH
/	0 A 10 A/ 0	Registration Dist. No. 3.0
	Village or City Catouspelle No. Narley	Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	uale while Single, Married, Wildowed. Water or Divorced (Write the word)	16 DATE OF DEATH Queens 6, 19233 (Month) (Day) (Year)
	6 DATE OF BIRTH 4 4 7 1 55 1 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from 12 1933 to 15 6 , 1933 that I last saw ht alive on 119 6 , 1933
	7 AGE 8 2 yrs. 5 mos. 12 ds. or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
1	(a) Trade, profession or particular kind of work (b) General nature of industry	Cystitis Enlarged prostate, Semilety
	business, or establishment in which employed or (employer)	(Duration) yrs. mos. de
	9 BIRTHPLACE (State or country)	Contributory Arteria salerosis
	10 NAME OF HEURY Brown	(Signed) Wherest Durton M. D. 192 (Address) Catousville
	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Mary Frock	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos 55ds. In the State yrs 4 mos 24 ds
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) W. F. Deenton In	Former or usual residence Jacksonwelle, Fla.
	(Address) Calousvelle	Silve Run and aug 8, 1937
)	Filed Que b 19233 Marshall Bless	20 UNDERTAKER Ly Little + Son Littlestown &
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1 June 2015

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Form laborer, Loborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; L. hopneumonia (secondary) stated unless important inges, peritonoeum, etc., Carcinomo, Sorcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway troin-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Astlienia," "Anaenia" (merely symptom-(secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic volvular heart Example: Meosles (disease affection need etc. The contributory " Shock," discose; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

ARGIN RESERVED

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SUPEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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/1 DI A	CE OF DEA		F MAR	YLAND-	CERTIFICATE OF DEATH	07857
1/					2.3)	
ß.	nty Balti				Mt. Wilson Branch, Md. No. 2 2	
Villa	age or City	Mt. Wils	on	O.	No. Tuberculos is Sanatoriumst., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Leng	gth of residence in	city or town where d	eath occurred	O_yrs11_mos	3. ds. How long in U.S. If of foreign birth?	mosds.
2. FUL	L NAME	George	O. Bur	ton		
(a)	Residence: No.	Gebb Ar	Tenue (Usual place	of abode)	St., Ward. Lansdowne, Md. If nonresident give city or town as	ad State
	RSONAL A	ND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Mal		or or race Nhite	OR DIVORCE	RRIED, WtOOWED, D (write the word)	21. DATE OF DEATH August 22nd (Month) (Day)	., 193 <u>3</u> (Yaar)
5a. If marrie HUSBA (or) W	ed, widowed, or div NO of IFE of		ingle		22. I HEREBY CERTIFY. That t attanded	d deceased from
c DATE OF	BtRTH (month, da		ne 26th	1880	September 19, 1932 to August 22	19.00
7. AGE	Years	Months	Oays	If LESS than	to have occurred on the date stated above, at 3.26 A.m.	; death is seld
	53	1	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
50	de, profassion, or p kind of work done SAWYER, BOOKKE ustry or business i	, as SPINNER, EPER, etc	Laborer r Commi		Pulmonary tuberculosis	Jan.
3	ustry or business i work was dona, as SAW MILL, BANK,	SILK WILL,	erchant	•		1932
0 10. Date	e deceased last wo this occupation (mo year)	orked at onth and UNKNOWN	11. Total t spa occ	ime (yaars) Un- nt in this Un- upation Known		
	LACE (city or town te or country)	Baltim			Other Contributory Causes of importance:	
₩ 13. NAN	ME Georg	ge O. Bu:	rton		None	
13. NAN 14. BIRT		own) Baltin	nore		Name of operation No operation Date of	
요 15. MAI	OEN NAME	Leah San			What test confirmed diagnosis? X—TAY And Was there an TUDE COLOR OF TOWN TO THE TOWN	n sputu
		own) Balti	nore		Accident, suicide, or homicida? Oate of Injury	
17. INFORMA	ANT Low	. 11	Muerk	olz	Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	ate) LACE.
18. BURIAL,	CREMATION, OR	REMOVAL	Oateally	24,1933	Manner of injury	
19. UNOERT	AKER //	7 200	aces of	£ 13 con	24. Was disease or injury in any way related to accupation of deceased?	Juo
20. FILEO	legz 2	1933	7-90	Me Registrar.	(Signed) 10 Mt. Wilson, Md.	M. O.

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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Gallstones	Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	OR FI	URTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 07859

1	L. PLACE O	F DEAT	H			23	
	County7	Baltim	nore			Bestebutten Bist N. 3.2	
	Village or (city Mou	unt Wil:			No. Tuberculosis Sanatoriumst,	Ward
	Langth of res	sidence in city	or town where d	leath occurred	yrs. O mos	s. 20 ds. How long in U.S. if of foreign blrth? yrs.	mosds.
2	. FULL NA	ME B	Ithel M	. Clary	1		
				Lafayet (Usual place	e of abode)	St., Ward. Baltimore, Md. If nonresident give city or town ar	nd State
		NAL AND	STATISTI	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SI	sex Cemale	4. color (RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH August 9th,	, 193 3
ia. I	If married, widow HUSBAND of (or) WIFE of	wed, or divorce John		ry		- (Month) (Day) 22. I HEREBY CERTIFY, That I attended July 20th, 132, to August 9th	(Year)
. [DATE OF BIRTH	(month day s	Feb	.10th,	1895	last saw her alive on August 9th, 19 3	3
	AGE Yea		Months	Days	If LESS than	to have occurred on the date stated above, at 6 • 50 A m.	; death is said
	38	8	5	30	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
. 1	8. Trade, profes	ession, or parti	icular		ormin.	were as follows:	Date of onset
	SAWYER,	work done, as R, BOOKKEEPER	S SPINNER, HOLER, etc.	usewife	3	Pulmonary tuberculosis	Unkno
	9. Andustry or	business in wi	which				wn
		as done, as SILI ILL, BANK, etc.				-	
3	10. Date decease this occu year)	sed last worked upation (month	h and	11. Total t	time (years) ent in this cupation		
2. 1	BIRTHPLACE (cit (State or cour	11,01 (01111)	Baltime	. ~		Other Coutributory Causes of importance:	-May
T			F. You			Laryngeal Tuberculosis	1955
-	20.111		· Do	ltimore		Intestinal Tuberculosis Name of operation No operation Date of	1933
	14. BIRTHPLACE (State or	E (city or town) r country)		ryland		- Date of	
-	15. MAIDEN NA	127	lva E.	Chance		What test confirmed diagnosis? X-ray, and was there an tubercle Dacilli were found 1 23. If deeth was due to axternal causes (VIOLENCE) fill in also the following	autopsy? 110 11 Sput
	16. BIRTHPLACE (Stata or	E (city or town) r country)	Balt: Mary.	imore land		Accident, suicide, or homicide? Data of injury Where did injury occur?	, 19
. I	INFORMANT		R. Sch	werholz	i .	(Specify city or town, county and Ste Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PI	ite) LACE.
3. E	BURIAL, CREMAT	40	WOVAL	Date ale	94 ,1939	Manner of injury	
9. l	UNDERTAKER (Address)	0031	3. le	ook di		24. Was disease or injury in any way related to occupation of deceased?	No
0. F	FILED area	7.9, 193	33 /	700	Myse. Registrar.	(Signed) John C. Smuth (Appress) Mt. Wilson, Md.	M. D.

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ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN	

BINDING

RESERVED

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
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PHYSICIANS should state Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.-WRITE PLAINLY, WE TION is very important.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	07861
County Baltimore.	Registration Dist. No. 33
2 000	
Village or City Maryland Line	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	.3 WESds. How long in U.S. it of toreign birth?yrsmosds.
2. FULL NAME Hattie Cooker	
(a) Residence: No. 700 East 2111	St. Ward Baltimore Md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write they word)	21. DATE OF DEATH
Female While dingle	(Month), (Oav) (Yaer)
5a. It married, widowed, or divorced HUSBANO of	
(or) WIFE ot	22. HEREBY CERTIFY, That I attended deceased from
July 24 1 869	July: 5: ,1933, 10 aug. 8 -, 1933
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Oavs If LESS than	I last saw h gran alive on
1 day hre	to have occurred on the date stated above, W/
64 0 15 ormin.	were as tollows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	Myo Cardita Chronic.
work was done, as SILK MILL, SAW MILL, BANK, etc.	fugo (acourts); Chronic.
10. Date deceased lest worked et this occupation (month and spent in this	Afration: five or six years. The
yaar) occupation occupation	Obs. C. 62 b. C. 42 b
12. BIRTHPLACE (city or town) Balto	Other Coutributory Causes of importence:
(Stete or country) mad	Mun & Wheumalinu
13. NAME David Cont	
13. NAME David Cook 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country) Eugland	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Mary Bright	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Bright 16. BIRTHPLACE (city or town) Balts	Accident, suicide, or homicide?, 19, 19
∑ (State or country) Mcl	Where did injury occur?
17. INFORMANT D. & Magninis	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
(Address) 700 6 21 ST	
18. BURIAL, CREMATION, OR REMOVAY Carchinood	Manner of injury
Placa Baltimore Oate aug \$6, 19.33	Nature of injury
19. UNDERTAKER COOK	24. Was disease or injury in any way related to occupation of deceased? No.
(Address) 1211 Stand Sirell	If so, specify
0.0000 100 196	(Signed) 12 Merale, Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Registrar.

If so, specify

(Address) 5543 Hur

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BUREAU V. 9			
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

V. S. No. 1

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RESERVE W			
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Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

V. S. No. 1 m

1. PLACE OF DEATH	23)	,
/ County Baltimore	Registration Dist. No. 4th	-
Village or City Colgate	NoSt.,V	Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmos	ds.
2. FULL NAME Harry L. Gurtis.		
(a) Residence: No. Eastern Ave. Dundalk (Usual place of abode)	P. OSt., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATHugust 5 193	
Male White Single 5a. If married, widowed, or divorced	(Month) (Day) (Year	r)
HUSBANO of NO WIFE of NO	22. I HEREBY CERTIFY, That I attended deceased	
6. DATE OF BIRTH (month, day, and year) May 4-1900	I last saw h alive on, 19; death Is	s said
7. AGE Years Months Days If LESS than 1 day,hrs	THE PRINCIPAL CAUSE OF DEATH and related causes of importance	
9. Trade profession or particular	Date of	onset
work was done, as SILK MILL, SAW MILL, BANK, etc.	Tuberculosis	
10. Date decaased last worked at this occupation (month and 1929 11. Total time (years) spent in this occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) ROBNORK Va.	Hemorrhage of Lungs	
H 13. NAME Geo. A Curtis	Townorthouse of Builds	
13. NAME GOO. A Curtis 14. BIRTHPLACE (city or town) Frankfort Me. (Stata or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?	<u> </u>
15. MAIDEN NAME Lula M. Rowo 16. BIRTHPLACE (city or town) Waynesboro FA.	23. If death was due to external causas (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	_
Stata or country)	Whera did injury occur?	
17. INFORMANT Geo. A. Curtis.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION OR REPOVAL Place Landsmith Cum Date Duy 8, 193	Manner of injury	
19. UNDERTAKER Geo. Zirkler	24. Was disease or injury in any way related to occupation of deceesed?	
20. FILED any 8 , 1953 John J. Connelly	(Signed) My C Level 10 f	M. D.
Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example T	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage ,	July 5, 1927	Peritonitis ,	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

07866

1. PLACE OF DEATH	<u> </u>
County Ballimore	Registration Dist. No. 30
Village or City Cotons ville	Storing Frank Rospital St., Ward
Length of residence in city or town where death occurredyrsm	os. 2/ ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. 3/33 Osoulus (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OR DIVORCED (write the word) The second of the color of	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Catherine Fecher Wale 6. DATE OF BIRTH (month, day, and year) May 28 - 1868	1 HEREBY CERTIFY. That f attended deceased from 1932 to Que 17 1933 to Que 17 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs Ormin.	to have occurred on the date stated above, at 3'.4'.D.Q.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
kind of work done, as SPINNER, Value Dargeut (retter SAWYER, BDOKKEEPER, etc) 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and last of the same this occupation).	(4/3) Cerebral Howarhage (14/3)
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance: Service mit 1937 Keepertenaider
13. NAME Patrick Dally 14. BIRTHPLACE (city or town) (State or country) 13. NAME Patrick Dally 14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis which I Signs Was there an autopsy 20
15. MAIDEN NAME Bridget Paley marker law 16. BIRTHPLACE (city or town) (State or pountry) 17. INFORMANT Son Charles Daley (Address) 31 32. O Rownell St. Ballo. Wa	23. If death was due to external causes (VIOLENCE) filf in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Sacred Heart Colorate Oug 21, 1932	Manner of injury
19. UNDERTAKER Lilly & Gailer Smc. (Address) 403 . Wolfe St. Balto: Ind.	24. Was disease or injury in any way related to occupation of deceased? 26. If so, specify Gigned M. D.
20. FILED 19 Registrar	(Address) (Catreforth med

If more blanks are ne sed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis ·	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth?_____yrs.____mos.___ds. Langth of residence in city or town where death occurred_____vrs. Ward (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH (Day) (Month 5a. If married, widowed, or divorced HUSBAND of ERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I last saw h If LESS than to have occurred on the date stated above, at_____m. 7. AGE Years Months Days The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular NO kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. OCCUPAT 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation_ Other Contributory Causes of importance 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_ Was there an autopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______, 19_____ 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify

Ward

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(Address)

Registrar.

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HEALTH DEPARTMENT—CITY OF BALTIMORE

07869

ADDRESS

CERTIFICATE OF DEATH. (13) I-PLACE OF DEATH REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.) (Usual place of abode) (If non-resident give city or town and State) Length of residence in city or town where death occurred How long in U. S., If of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, I6 DATE OF DEATH (month, day, and year) or Divorced. (write the word) 17 ERTIFY. That I attended deceased from 5a If married, widowed, or divorced HUSBAND of (or) WIFE of that I last saw han alive on. 6 DATE OF BIRTH (moath, day, and year) and that death occurred, on the date stated above, at 7 AGE If LESS than Years Months Days The GAUSE OF DEATH* was as follows 1 dayhrs. or....mln. 8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work... (duration) (b) General nature of Industry. business, or establishment in CONTRIBUTORY which employed (or employer) (Secondary) (c) Name of employer 18 Where was disease contracted if not at place of death?..... 9 BIRTHPLACE (city or town) (State or country) Dld an operation precede death?... 10 NAME OF FATHER Was there an autopsy? What test confirmed diagnosis? 11 BIRTHPLACE OF FATHER (city or tow (State or country) (Signed) (Address) 12 MAIDEN NAME OF MOTHER *State the Disease Causing Death, or in deaths from Vlolent Causes, 13 BIRTHPLACE OF MOTHER (cityaor town) state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homloldal. (See reverse side for additional space.) (State of country) 14 19 PLACE OF BURIAL, CREMATION OR-RE-DATE OF BURIAL Informant. (Address)

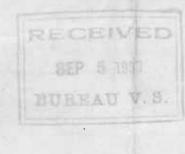
20 UNDERTAKER

[Approved by U. S. Census and American Public Health Asso.]

factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially industrial employments, it is necessary may be indicated thus: Farmer (retired, 6 yrs.). DISEASE CAUSING DEATH, state occupation at beginployed, as At school or At home. Care should be taken to report specifically the occupations of work, or At home, and children, not gainfully emonly (not paid Housekeepers who receive a defilaborer, Laborer-Coal mine, etc. Women at home, man, (b) ment; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesan additional line is provided for the latter stateto know (a) the kind of work and also (b) the nature of the business or industry, and therefore word or term on the first line will be sufficient, The question applies to each and every person, healthfulness of various pursuits can be known. occupation is very important, so that the relative ning of illness. If retired from business, that fact has been changed or given up on account of the persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation For persons who have no occupation whatever who are engaged in the duties of the household Statement of Occupation,-Precise statement of Grocery; (a) Foreman, (b) Automobile may be entered as Housewife, House-

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....(name origin;

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms eough, Chronic valvular heart disease; Chronic for malignant neoplasms); Measles; Whooping statement of cause of death approved by Com-(e. g. sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental of injury and qualify as accidental, suicidal, was undertaken. For violent deaths state means tis," etc. State cause for which surgical operation as "Puerperal septicemia," "Puerperal peritonicases resulting from child birth or miscarriage, ascertained as the cause. Always qualify all disor terminal conditions, such as "Asthenia," "Anæmia," (mercly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conondary or intercurrent) interstitial nephritis, etc. "Cancer" is less definite; avoid use of "Tumor" mittee on Nomenclature of the American Medical the injury, as fracture of skull, and consequences carbolic acid-probably suicide. The nature of Revolver wound of head-homicide; Poisoned by drowning; Struck by railway train-accident; Association.) affection need not be The contributory (sec-



item of infor-should state of OCCUPA-YMARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WIT, UNFADING INK—THIS IS A PERMANENT RECORD. Every i	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	TION is very important. See instructions on back of certificate.
N. B.		(0

V. S. No. 1

Clustopace of abode of treet and number) 2. FULL NAME (a) Residence: No. (b) Marcian State of the state of a street and number) (a) Residence: No. (c) Marcian State of the state of t	1. PLACE OF DEATH	CERTIFICATE OF DEATH 07870
Village or City No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city of town where death occurred Vis. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED (unjef the world) Sa. If married, widowed, or divorced HUSBAND of (O') WIFE of DATE OF BIRTH (month, day, and year) VIS. 8. Trade, profession, or particular kind of work done as SPINNER Sind of work done as SPINNER Sind of work done as SPINNER Sind of work done as SPINNER Solution of the world of the world of the world of the particular will be compared to the date stated above, at. SIndian of work done as SPINNER Sind of work done as SPINNER Sind of work done as SPINNER Sind of work done as SPINNER Solution of the world of the wo	County Galtimore	Registration Dist No. 43/
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICIPATE 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OK DYVOKED (wright the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Medical Certificate of Death 1 day, hrs. 1 d	Village or City Granite (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OX DIVORCED Carrie the word) 5a. If married, widowed, or divorced HUSBAND of (01) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	2. FULL NAME George It. Dun	igau St., Ward.
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DYORCED (surpit the word) 53a. If married, widowed, or divorced HUSSAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Motion 8. Trade, profession, or particular and iday		
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of 5. DATE OF BIRTH (month, day, and year) 7. AGE Years Motions Days It LESS than J day, hrs. or min. SawyRR, BookKEPFR, etc 9. Industry or business in which work was done, as SFI NNER SAWYR, BookKEPFR, etc 10. Date deceased last worked at this occupation (month and year) (State or country) Table BIRTHPLACE (city or town) (State or country) 11. SIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. Main operation What test confirmed diagnosis? Was there an autopay? 28. What Lest was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. Date of injury. Date of injury. Date of injury. Where did injury occur?	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days IT LESS than 1 day,hrs. ofmin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) 11. Total time (years) spent in this work of this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 16. BIRTHPLACE (city or town). (State or country) 17. Maid or work done, as SPINNER, and the profit of the	5a If married widowed or discoord	
7. AGE Years Moths Days If LESS than I day, hrs. pr. hrs. pr. min. 8. Trade, profession, or particular kind of work done, as SPINNER stawy as done, as SPINNER work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) Date of contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) Mandel Mandel Devy 16. BIRTHPLACE (city or town) (State or country) Mandel Devy 16. BIRTHPLACE (city or town) (State or country) Mandel Devy 16. BIRTHPLACE (city or town) (State or country) Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury, 19. Where did injury occur?	HUSBAND of	5 20 10 30
1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ons which work was done, as SPINNER, SAWYER, BOOKKEPPER, etc. SAWYER		
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12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. What test confirmed diagnosis? 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur?	This occupation (month and)	
14. BIRTHPLACE (city or town) Name of operation Date of		Other Contributory Causes of Importance:
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Cligabette Berry 16. BIRTHPLACE (city or town) Date of injury	13. NAME William De megan	
15. MAIDEN NAME ** State of country) 15. MAIDEN NAME ** State of country occur?* 16. BIRTHPLACE (city or town)	(State or country)	
16. BIRTHPLACE (city or town) Accident, suicide, or homicide? (State or country) Where did injury occur?	15. MAIDEN NAME Elizabeth Berry	
There did injuly occur:	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Specify city or town, county and State) 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)	17. INFORMANT MIS, O. C. Reitury	(Specify city or town, county and State)
48. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury	111111111111111111111111111111111111111	
19. UNDERTAKER / SUL SOU SUL 24. Was disease or injury in any way related to occupation of deceased? The land of the sulface o		
20. FILED and 26, 19.33 N. 7. Stryler Registrar. (Signed) Landallstown The		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		SECRICE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Revistrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. I.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

V. S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

X	, WE UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	refully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	LEGO	Y. PH	Exact
SINDING	ERMANEN	EXACTL	classified.
FOR 1	IS A P	stated	properly
MARGIN RESERVED FOR BINDING	ING INK—THIS	AGE should be	o that it may be
MARGIN	, WE UNFAD	refully supplied.	in plain terms, s

V. S. No. 1

TION is very important. See instructions on back of certificate. mation should be ca N. B.-WRITE PLAINLY

1		STATE (OF MAR	YLAND-	CERTIFICATE	OF DEATH	
:	1. PLACE OF	F DEATH,			100		07872
	County	Ballino	el'			Registration Dist. I	No. 36
	Village or C	ity Jexas			No.		St.,Ward
	Length of resi	dence in city or town where	death occurred	() yrs,mo:	f death occurred in a hospital or insti sds. How long in U.S. if	itution, give its NAME instea	d of street and number) yrsds.
	2. FULL NAI	ME Thomas	20 P. =	Falk	0		
	(a) Residen	ce: No. Breetw	ertave		ugtory Blimas.		
-	PERCON	AL AND CTATICS	(Usual place		/	If nonresident give cit	
-	SEX	AL AND STATIST	1			CERTIFICATE OF	DEATH
9	Male	4. COLOR OR RACE	or divorces	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	allgust 13	Day) (Yaar)
5a.	. If married, widow HUSBAND of	ed, or divorced	2			V	***
	(or) WIFE of	anna to	hinehar	It Falk	22. Aug 12		at I attended deceased from
6.	DATE OF BIRTH (month, day, and year)	uly 6,	1858	I last saw hour alive on	aug 12	1933; death is said
7.	AGE Yaar	rs Months	Days	If LESS than	to have occurred on the date sta		1,
	73		10 9	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	ATH and related causes of im	
N	8. Trade, profes	sion, or particular ork dona, as SPINNER, BDOKKEEPER, etc	cation	Carlon,			Date of onset
ATIO	SAWYER,		Burea -	(carper)	Pullunan	ia (dotar	1 8/8/33.
UP/	work was	done, as SILK MILL, L, BANK, etc					//
OCCUPATION	10. Date decease	ed last worked at pation (month and ////	11. Total ti sper	me (years)			
12.	BIRTHPLACE (cit		IIIAA	ud.	Dther Coutributory Causes of im	portance:	
œ	(State or coun	Dr. Jacob	1/2				
FATHER	13. NAME	race ta	er.				
FAT	14. BIRTHPLACE (State or		waring		Name of operation		Date of
IER	15. MAIDEN NAM	ME elub.			23. If death was dua to external ca		
MOTHER	16. BIRTHPLACE	(city or town) lll	6.		Accident, suicide, or homicide?		•
Σ	(Stata or	country)	1		Where did injury occur?	,,	
17.	INFORMANT(Address)	Paul Fall	2. * Washing	ton Blod.	Specify whether injury occurred	(Specify city or town, or in INDUSTRY, in HOME, or	ounty and State) in PUBLIC PLACE.
18.	BURIAL, CREMATI		D'II	9 0/	Manner of injury		
	Place MLS	ely rack.	Date	19.33.	Nature of injury		
19.	UNDERTAKER (Address)	Edward Was	Jauls shirt	auf.	24. Was disease or injury in any	way related to occupation of	deceased?
20.	FILE AND	13 t 1933 07	mp3	uller	(Signed) AM	Heele	M. D.
1	#	7.7		Registrar.	(Address) - Lus	musik	- Janu

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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		1 (0) 4	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterits	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 07873
1. PLACE OF DEATH	82-0
/ County Baltimore	Registration Dist. No. 38
	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	nosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME August Fenker (a) Residence: No. Harford Road (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH August 5 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sohia M Fenker	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 74, 1865	I lest saw h. Lessalive on Class 4 19.33, death is said
7. AGE Years Months Days If LESS than 1 day,h	
67 9 ormin.	were as fedlows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cerebral Hemorrhage augy
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. BOOP Brower Work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (morth and property of the property of the property of the second last worked at this contact in the contact in this contact in the contact in this contact in this contact in the contact in the contact	
O Date deceased last worked at this occupation (month and year) occupation occupation occupation occupation	
12. BIRTHPLACE (city or town) ———Germany————————————————————————————————————	Other Contributory Causes of Importance: Hemorrhage
13. NAME Frederick Fenker	
13. NAME Frederick Fenker 14. BIRTHPLACE (city or town) Germany (State or country)	Name of operation Dete of What test confirmed diagnosis? Was there an autopsy? MA
15. MAIDEN NAME Dont Know	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Mrs Stayer (Address) 4th Ave Brooklyn Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Dete Dete 3. 19	3 Manner of injury
19. UNDERTAKER Oh Ullut (Address) 2008 Orleans	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED 8/8 1933 G. M. Bacon	(Signed) Movus 13. Juliu M. I

Registrar. (Address) 5543 Harson Ila If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting Y. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 yeor

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH 078	74
1. PLACE OF DEATH			93-0	
County Baltimore			Registration Dist, No. 38	
Village or City Towson, Ma	death occurred	yrsmos	NSheppard & Enoch Pratt Hospital death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. If of foreign birth?	
2. FULL NAME When	t pu	ther (.	Albert A. Fisher)	
(a) Residence: No. 269 S.	Prospect (Usual place	St. Ha	ge St. town Walled . If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White		RtED, WtDOWED, D (write the word)	21. DATE OF DEATH August 26, 1933 (Month) (Day)	(Year)
5a. If married, widowed, or divosced HUSBANO of (or) WIFE of		1873	22. I HEREBY CERTIFY, That I attended decea	ised from
6. DATE OF BIRTH (month, day, and year) S 7. AGE Years Months 59 11	ept. 26,	1973x If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 7:00Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	eth is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Rail - Roa	erator	chromo myo Caraptio 79	931
12. BIRTHPLACE (city or town) Sir Jo (State or country) W. Va	hn's Rur		Other Contributory Causes of importance: Manne-Lypessise Psychisis Malnetrition	
置 13. NAME Julius Fish			Delay chation	
13. NAME Julius Fish 14. BIRTHPLACE (city or town) Sir (State or country) W. V	John's F	lun	Name of operation Date of What test confirmed diagnosis? Was there an autops	sv? No
置 15. MAIDEN NAME Johanna	Burkhart		23. If death was due to externat causes (VIOL ENCE) fill in elso the following:	
15. MAIDEN NAME Johanna 16. BIRTHPLACE (city or town) Cun (State or country) Md 17. INFORMANT HOSPItal recor	•		Accident, suicide, or homicide? Oate of Injury Oate of Injury Occur? Ospecify city or town, county and State Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.	19
(Address)				
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, M	da Date Aug.	29,,1933	Manner of Injury Nature of Injury	
19. UNOERTAKER/Ked A Kra (Address) 139 N. Potoma 20. FILEO Ling 26, 1933	7 12/3/w	Registrar.	24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) Arthur E. Pattrell, M.D.	M. C
If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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AN PINAC VISI			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		• 1000000000000000000000000000000000000	

BINDING

FOR

RESERVED

MARGIN

V. S. No.

PLACE OF DEATH County Daltwore	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Lutherwell (No	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male A COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word Jungle) (Month) (Day) (Year)	16 DATE OF DEATH August 10 , 193 3 (Month) 10 (Day) 193 3(Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1933 to August 10 , 193 3 that I last saw h immalive on August 10 , 193 3
TAGE If LESS than I day hrs. B OCCUPATION (a) Trade, profession or Carfeelle	
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Baltimore 7 7 7 7 7 7 7 7 7 7 7 7 7	Contributory Secondary (Duration) yrs
10 NAME OF FATHER William Free 11 BIRTHPLACE OF FATHER 2 (State or country) Balto Mad.	(Signed) Cleaned House M. D. *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER HURRIEUT Hebbey 13 BIRTHPLACE OF MOTHER (State or country) Balto Jul.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) Matife Crusby . (Addreas Lutherville Red.	Where was disease contracted, if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAT OR REMOVAL Loudon Vact Cem. Aug 17, 193
Filed My 10 193 Of M. P. Quiller Registra: If more hanks are needed, addres a State Negistra	20 UN DERTAKER Cherowell & Son Chestrut au 7, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

13 144 / 3 144 In

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer. Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servand, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, (b) Automobile factory. The inaterial For persons who have no occupation (b) Grocery;

Strtement of Cause of Death—Name, first, the Disease is consisted death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, approved by Committee on accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorthage," "Inamition," "Marasmus," "Old Agc," "Shock," inges, pertionaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary),, stated unless important. use of "Tumor" for malignant neoplasms); Measles, as fracture of skull, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease and consequences (e.g., sepsis Example: Mcusles (disease etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ż

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	18650
County Dal Cure	Registration Dist. No. 3 \(\frac{1}{2} \)
Village or City MIT Came:	No. St., Ward
Length of residence in city or town where death occurred 40yrs.	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME While Q.R.	Toronoh
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Hemal white the vord	Month) / (Day) / : 1939 3 (Yeer)
5á. If married, widowed, or divorced outseand of Sengr W Yoursel	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Wlay 22-186 0	I last safe EN alive on ang 132 1 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at / Cm.
83 4 23 1 dey,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which	Jaw. Culino - Schoons hustom
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date decased last worked at this occupation (month end	
ID. Date deceased last worked at this occupation (month end year)	Α
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country) / Cary Cerus	- trucking of Emmed 142
13. NAME Sery Rochards 14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lucinda Olguna 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
O I6. BIRTHPLACE (city or town) (State of couplry)	Accident, suicide, or homicident configuration. Date of injury Counq., 1932.
- 10 - L	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) The Carried Wh	Specify whether injury occurred in INDUSTRY, in HOME or in PUBLIC PLACE.
18. BURIAL, CAMATION, OR EMOVAL	Manner of injury Fall
Place ANT Turnel Date May 1,19	Nature of injury Fractured Frank 1
19. UNDERTAKER COU	24. Wes disease or injury in any wey related to occupation of deceased?
and the second second	(Signed) (Stary) M. (Sanota) M. D.
20. FILED Ling 15-, 1933 16.6. Fowth M. C. Registrar.	(Address) Planifished Ild
If more blanks are needed, address State Registre	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

FION is very important.

certificate.

See instructions on back of

STATE OF MADVIAND	CERTIFICATE OF DEATH 078	ing hay
1. PLACE OF DEATH	CERTIFICATE OF DEATH	6 6
County Ballerion	Pagintration Diet No. 4/B	
Village or City Preslea	No. 1051 Orcilia Org.	Mond
/ 5 (If	death occurred in a hospital or institution, give its NAME instead of street and number	
Length of residence in city or town where death occurred yrsmos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Course & Snape		
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DISTRICT (write the word)	21. DATE OF DEATH Oring 22 193	8
5a. If married, widowed, or divorced	(Month) (Day)	Year)
HUSBAND OF Jacres B beage	22. I HEREBY CERTIFY, That I attended decease	sed from
6. DATE OF BIRTH (month, day, and year) June 6 1866		th Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 20m.	
6) 2 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	e of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	f f	
SAWYER, BODKKEEPER, etc.	inhaling Las	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at this occupation (month and		
10. Dato deceased last worked at this occupation (month and year) spart in this occupation occupation		
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:	
(State or country) 3 attractor		
13. NAME Jaku M Nader		
13. NAME AND Mader 14. BIRTHPLACE CEITY OF TOWN)	Name of operation Date of	
(State of country) Lenuary	What test confirmed diagnosis? Was there an autops	y?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Suicids Date of injury Cluy 2 2	1933
(State of country)	Where did Injury occur? (Localea Balle Co. Luc (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	<i>Y</i>
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Baltrews Cum Date aug 25, 1933	Nature of injury	
19. UNDERTAKER John Weerich	24. Was disease or injury in any way related to occupation of deceased?	
(Address / 2008 Orleans	If so, specify	5
20. FILED & 124, 1933 Da a truto mo	(Signed) Smith of Fairbands f./	M; D;
Registrar.	(Address) Charles Balle too and	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	n H	- Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(If death occurred in

Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V/S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

urater	a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH Cleeg	15, 1933
(Month) 17 I HEREBY CERTIFY, That I	(Day) (Teat)
	LG14, 193
that I last saw he alive on	refy 1 of 1903
and that death occurred on the date state	ed above, at V. VOP
The CAUSE OF DEATH % was as follows:	
Carenorna of	rnuad
- Hulency	o- o-o
(Duration)	yrsds
Contributory	************************************
	yrs
(Signed) Quest X Malin	
aug 17 1923 3 (Address) 3000	W. m. ave
*State the Disease Causing Devi Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	in deaths Gram jury; and (2) whether
18 LENGTH OF RESIDENCE (For Hospients, or Recent Residents)	pitals, Institutions, Trans-
At place In th	e te,da
Where was disease contracted, if not at place of death?	MAR 000000000000000000000000000000000000
Former or usual residence	Things into a set of
19 LYASTAY BURIAL OR REMOVAL	CAFE OF BURIAL
Willing Tandless	JULG 18,103:
	1777777777

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Toreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, It is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestle service for wages, as Scrvant, Cook, household only (not paid Housekeepers who receive a worked on may form part of the second statement. (a) Foremen, (b) Automobile factory. Civil engineer, Stationary fremen, etc. But In many tion applie to each and every person, irrespective of falness of various pursuits can be known. The quesbusiness, that fact may be indicated thus: Farmer (rc Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on or At Home, and children, not gainfully em-W18.). without more precise specification as Day For persons who have no occupation -Coal minc, etc. Wom-The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) head of "contributory." quences (e.g., sepsis, tetanus) muy be stated under the conditions, such as "Asthenia," "Anaemia" use of "Tumor" for malignant neoplasms); ment of cause of death approved by Committee ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inantition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Hacmorsymptomatic), "Atrophy," "Collapse," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbalic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under "Puerperal septicaemia." "Puerperal peritonitis," etc. "Uraemia," "Weathes," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenitul," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart discase; (Recommendations on state-Example: Mcasics "Coma," Mcasles; (disease (second (merely "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

V. S. No. 1

should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

07878

1. PLACE OF DEA	ATH			723	
County Bal	timore			Registration Dist. No. 3	2
Village or City	Mt. Wils	son		Mt. Wilson Branch, Md. No. Tuberculosis Sanatoriumst., f death occurred in a hospital or institution, give its NAME instead of street s	Ward
) 5 (I	f death occurred in a hospital or institution, give its NAME instead of street a	ind number)
			2_yrs,2_mos	s26_ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME		1. Haupt			
(a) Residence: No.	609 N.	. Bouldi (Usual place	n Street	st, Ward. Baltimore, Md.	
PERSONAL AI	ND STATIST			If nontesident give city or town MEDICAL CERTIFICATE OF DEATH	
	OR OR RACE	5. SINGLE, MARI		21. DATE OF DEATH	1
Female W	hite	OR DIVORCED	(write the word)	August 2nd	193 3
5a. If married, widowed, or div	rorced	Sin.	RIG.	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	Sir	ngle		22. I HEREBY CERTIFY, That I attend	
				February 7th, 1933 to August 2	
6. DATE OF BIRTH (month, d			1914	I last saw heralive on August 2nd,	5_; death Is said
7. AGE Years	Months 2	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 8.46 Pm.	
			ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or kind of work done SAWYER, BOOKKE	as SPINNER,	Buttonho	le perator.	Dul mono nu tu ho nou locai c	
9. Industry or business			M	Pulmonary tuberculosis	Aug.
kind of work done SAWYER, BOOKKE 9. Industry or business work was done, as SAW MILL, BANK, 10. Date deceased last wo	SILK MILL, TE	ailor Sh	op		1932
10 Date deceased last we	orked at	11. Total tip	me (years) TIm		
year)	Algust 19	102 000U	tin this known		
12. BIRTHPLACE (city or town	Balti			Other Contributory Causes of importance:	
(State or country)	Maryl			None	
置 13. NAME Wil	liam Hau	ipt			
13. NAME Wil	own) Bal	timore		Name of operation Thoracoplasty Date of Union Memorial Hospital.	Dec.193
(State or country)		ryland		What test confirmed diagnosis? I ray Was there	an autopsy?_No.
15. MAIDEN NAME	lizabeth			23. If death was due to external causes (VIOLENCE) fill in also the follow	
15. MAIDEN NAME E		imore		Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Mary	rland.	0	Where did injury occur?	
17. INFORMANT Now (Address) Mt		Md.	ly	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR	REMOVAL	· A.	1 22	Manner of injury	
13 co 1 8CC	almin	Date	د هور,	Nature of injury	
19. UNDERTAKER	1 Dites	NH	20	24. Was disease or injury in any way related to occupation of deceased?	o No
(Address) /5%	(n fe	yeone	and	If so, specify	/
20, FILED aleg 2	1933	11-00	nuos	(Signed) John C. Smith	M. D.
			Registrar.	(Address) Mt. Wilson Md.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

MARGIN

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of proportance.		Other contributory causes of importance:	
Gollstones	Say 1,1923	Gastroenteritis	1 year

V. S. No. 1

	STATE C	OF MAR	YLAND-	CERTIFICA	TE OF DEA	TH (17880
1. PLACE OF				107	9	2	1
	al timore	-			Registration	Dist. No.	<u>U</u>
Village or Ci	ty Towson, Ma	aryland	Of Of	No. Sheppard death occurred in a hospital	& Enoch Prat	t Hospsta	Ward
Length of resid	denca in city or town where	death occurred		ds. How long in			
2. FULL NAM	ME Headingt	on Mrs.	Annie C.				
	e: No.3408 Walb		ue.	St., Ward.	Baltimore, If nonresident	Maryland.	
PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDIC	AL CERTIFICATE	OF DEATH	1
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DE	August	5	, 193
5a. If marriad, widowe HUSBAND of		1 1120	.011		(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of	William Head	ington (d	eceased)	22. IHER November 3,	EBY CERTIF		led deceased from
6. DATE OF BIRTH	month, day, and year) Ji	uly 8, 18	57.	I last saw h_er_ aliv	e on August 5.	, 19.3	3_; death is said
7. AGE Year	rs Months	Days	If LESS than	1	ate stated ebove, al:05		
76	0	27	1 day,hrs.	The PRINCIPAL CAUSE were as follows:	OF DEATH and related cause	es of importance	Date of enset
8. Trade, profes	sion, or particular ork dona, as SPINNER, BDOKKEEPER, etc	T				******	
SAWYER,	BDOKKEEPER, etc.	nousewile		Hypostatic			two days
work was	dona, as SILK MILL, L, BANK, etc			pneumo	nia.		duration
O To. Data deceasa		11. Total spa	tima (years) ent in this cupation In known				Aug. 3.
12. BIRTHPLACE (cit (State or coun		Marylan	d	Dther Coutributory Cause Arteric	of importance: osclerosis		13-14 yr
置 13. NAME	John W. Hall						
I	(city or town) Balt:	imore Ma	ruland	Name of operation		Dete o	f
(State or		ZA034 4 10C			nosis?		
15. MAIDEN NAI	ME Elizabeth	Crawford			arnal causes (VIOL ENCE) fil		
15. MAIDEN NAI 16. BIRTHPLACE (State or	(city or town)Balt	timore, M	eryland.	Accident, suicide, or hom Where did Injury occur?_	icide?	Date of injury	, 19
17. INFORMANT (Address)	Hospital red	cords.		Specify whether injury oc	(Specify city or curred In INDUSTRY, In HO	town, county and ME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATI	vil 1/2	Date Que	97 ,1933	Manner of injury			
19. UNDERTAKER (Address)	Ceny Il	tenkin	is Smolo		in any way related to occup	ation of deceased?	1 0.
20. FILED aug	Le , 1933 VI	al De	A Registrar.	(Signed)	M. Mulabek heppard/Pratt	Hospital	80. M. D.
	If move	blanks are meeded	add for State Periots as		Towson a Man		

Modlum 144

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE PROPERTY OF STREET			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAI	ND—CERTIFICATE OF DEATH U7881
1. PLACE OF DEATH	(207-177)
County Balto.	Registration Dist. No. 4 4
Village or City Chesoco Porlo	ND. Chroaco Core Y P. R.P. Trakst., Ward
Length of residence in city or town where death occurredyrs,	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2 FILL MARKE Color a beth 4	James Heckmann
(a) Residence: No. 3310 C. No.	mel St. Ward.
(a) Residence: No. O S / O (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
Jenule 4. COLOR OR RACE S. SINGLE, MARRIED, WID OR DIVORCED (write the manual)	word) aug. 30th
or) WIFE of Stad . Hecksman	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year)	878 I last saw halive on
	SS than to have occurred on the date stated above, at 12. m. Noon
54 11 23 1 day, or	min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Cat Dronne SAWYER, BDOKKEEPER, etc.	- Fractured skull due
b. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	to feng stuck by P. R. R
kind of work done, as SPINNER, A TOTAL SAWYER, BDOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (month and spant in this occupation).	19.00.19+0
this occupation (month and spant in this occupation occupation	y Coccinica
B. 17.	Dther Cantributery Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	
0 1 +	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME mortha Smit	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Mortha Smit 16. BIRTHPLACE (city or town) Ballo. (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
7. INFORMANT Fred Heckmann Se (Address) 33/0 Q. Connell Jet	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date Date	, 19 Nature of injury
9. UNDERTAKER And S. Connelly (Address)	24. Was disease or injury in any way related to occupation of deceased?
111111111111	(Signed) Jacob Dallman Cosoner M.O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other centributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07882
1. PLACE OF DEATH	(131)
county (Common (c)	Registration Dist. No.
Village or City panows som	No. 103 St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	ran
(a) Residence: No. 703 @	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR, RACE 5. SINGLE, MARRIED, WIDOWED	21. DATE OF DEATH
Male white West wed	(Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Many 3. Redeman	22. MIHEREBY CERTURY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 12 th 1839	I last saw have alive on any 11 to 1, 19.33; death is said
7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, at 4
94 0- 2-9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Returned SAWYER, BODKKEEPER, etc.	(Somie betent Til
SAWYER, BODKKEEPER, etc	nibbutic
work was done, as SILK MILL, CLEAN SAW MILL, BANK, etc.	2, ' ' ' ' ' ' ' ' '
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1923) 11. Total time (years) spent in this 40	wind paring
year) occupation occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or opunity)	Hrmie Coma
13. NAME TENNY Aldeman	
13. NAME TWY Heaem and 14. BIRTHPLACE (city or town) Almandary (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UM Merdeman	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) of many (State or equality)	Accident, suicide, or homicide?
Blauche (Hele)	Where did injury occur?(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) 703 CS+ Span ws Point	openy whence many control in the con
18. BURIAL, CREMATION OR REMOVAL Place Children Comment Date Queg 14, 1933	Manner of injury
19 UNDERTAKENT. Wohal you.	24. Was disease of injury in any way related to occupation of deceased?
(Address) Balflyy	If so, specify ()
20. FILEDLUG 12, 1933 44 the Registrar.	(Signed) (Address) Phonosomer South
If more blanks are needed address State Registrar	24 V N Charles Street Baltimbee Requesting 71 S No v

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

RESERVED

ARGIN

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Chronic interstitial nephritis 7, 6	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Othor contributory cover of in 150			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF BEATTI
1. PLACE OF DEATH	35-
County /2alto	Registration Dist. No.
Village or City Md - Duce	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
1 1 50 12 -	1/2. 141.
2. FULL NAME ovarally curabilly V	reccionag
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Famely Write OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorcad	
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
1 1 12	last saw has alive on any 16 1933; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Bays II LESS than	to have occurred on the date stated ebov, at 21.01 m.
11 ay,hrs.	
/6 min.	were as follows Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, at Selvool SAWYER, BOOKKEEPER, etc.	Typnous fiver
SAWTER, BOUNKEEPER, etc.	193
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Med Brise .	Impogardial
(State or country)	Insufficiency lung!
13. NAME Stur. St. Hendry.	183
14. BIRTHPLACE (city or town). Balls Co.	Name of operation
(State or country)	What test confirmed diagnosis? Wide Steen an autopsy Was there an autopsy Was there are autopsy
15. MAIDEN NAME Slavelle Prole 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19,
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Watt, Hendrix	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
law Market Benellay Date dug. 18, 1933	Nature of injury
makens ded 1/2 / X	24. Was disease or injury in any way related to occupation of deceased? 2.5
19. UNDERTAKER FAMILY AND LANGUAGES	24. Was disease of injury in any way related to occupation of deceased?
0 1 1963	(Signed) albert 20 Herrer M. I
20. FILED Cling 17, 1933 Completed Suffering Registrar.	(Address) maryland Line, mg
	T. 2411 N. Charles Street, Baltimore. Requesting U. S. No. 1.

CTATE OF MADVI AND CEPTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
4 /6/10/10				
Other contributory causes of importance:		Other contributory causes of importance:	HAIR	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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ARGIN RESERVED FOR BINDING

infor- state UPA-		CERTIFICATE OF DEATH 07885				
	1. PLACE OF DEATH	81.00				
should f OCC	County Ballinger	Registration Dist. No. 30				
sho of O	Village or City Coloursulle	No. St., Ward death occurred in A horpital or institution, give its NAME instead of street and number)				
~ W ~ /	Length of residence in city or town where death occurredyrs,mos	45ds. How long in U. 9. if of foreign birth?yrsmosds.				
O. Every SICIANS atement	2. FULL NAME Samuel B Herriague					
CORD. Every PHYSICIAN et statemen	(a) Residence: Np. Charlotter really no	St., Ward.				
ANENT RECORD. CTLY PHYSIC Sified. Exact stat	(Usual place of abode)	If nonresident give city or town and State				
REC(P)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
日本	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH				
E A B	marrie	(Month) (Dey) (Year)				
MANEN A C TH	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. AI HEREBY CERTIFY, That I attended deceased from				
- G/	(or) WIFE of hang & Heushew	July 29, 1923, to aug (1923				
PERM EX.	6. DATE OF BIRTH (month, day, and year) June 17 - 1852	I last saw har faliva on aliva on ; death Is said				
IS A PE stated E properly certificate	7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, d				
IS A I stated properl	82 1 1 1 day,hrs, ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:				
be s be p of ce	8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc					
paint .	a ladustry or husiness in which	Chebral Hermankan July 18.				
VK—T should it may n back	work was dona, as SILK MILL, Says MILL, Says MILL, BANK, atc.	1				
sh sh it	10. Date decaased last worked at this occupation (month and spant in this and of spant in the spant in					
AGE that ons	year) spant in this occupation and they 33	Other Contributory Causes of importance:				
UNFADING upplied. AGI terms, so that instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance.				
ed.	(State or country)	arteria Galerosis				
UNFA supplied n terms, ee instru	13. NAME les Henshaw					
	13. NAME See Hunshaw 14. BIRTHPLACE (city or town)	Name of operation Date of				
plant.	(Stata of country)	What test confirmed diagnosis? _ Cleaned June Was there an autopsy?_				
Y, WITY carefully H in pla ortant.	15. MAIDEN NAME Wartha do avis	23. If death was due to external causes (VIDLENCE) fill In also the following:				
INLY, W) be carefu EATH in j important	16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?				
INLY be control EATH impor	And O- M // D	Whare did injury occur? (Specify city or town, county and State)				
	17. INFORMANT (Address) 1007 Continued a language	Spacify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.				
E 0 -	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury				
F 173	Place Charlattesvelle Appare aug 4, 1932	Natura of injury				
-WRITE mation s CAUSE TION is	19. UNDERTAKER FRANK V Pehelone	24. Was disease or injury in any way related to occupation of decaasad?				
FOH	(Address) 2818 & Balla &	If so, specify				
-(T)	20. FILED Que 2 1957 Marshall B 452/	(Signed) manhall B wil M.D.				
Z	Registrar.	(Address) Catourulle Tred				
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	A. A. C.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	945.7	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH 07886
1. PLACE OF DEATH	———(IB) ————————————————————————————————————
County Jackmon	Registration Dist. No.
Village or City north Vorunt Coad	ND. St., Ward
Length of residence in rity or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?mosds.
2. FULL NAME of Sinia / Lill	
(a) Residence: Np. Wire mill are	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased ###
(or) WIFE of John /	aug 14th 19 33, to 19
6. DATE OF BIRTH (month, day, and year) May 12, 1904	I last saw elive on aug 14 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Sm.
29 3 - 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, A ouseurf	Party &
9 Industry or business in which	Com On ignina
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	Name of operation Date of
4. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Mary Coane	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city, or town)	Accident, suicide, or homicide? Date of injury, 19
(State of country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT ONW ACCOUNTS OF FD	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place ashing em Date ling 16, 1933	Nature of injury
19. UNDERTAKER CROST Williams	24. Was disease or injury in any way related to occupation of deceased?
(Address) /3 allo	If so, specify
20. FILEOUS 15 , 1933 (1 A Com CAG) Registrar.	(Signed) M. D. (Address) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Ex	ample I		Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEP 5 193	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago
0.1				
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY PHYSICIAN
For authorization & Change Sate	a birth see letter De Mala il
) (0/2//2)
	19/01/33

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 07887
1. PLACE OF DEATH	93-0:
County Baltimore.	Registration Dist. No. 30
	No. 677 Harles Laure St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs/mos.	19 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME albut It. Hobbs.	. Land
(a) Residence: No. Listen Manyland (Usual place of spode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE No DIYORCED (write the word) Thate Thiste	21. DATE OF DEATH (Month) (Oey) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE-01 fate Elizabeth Thobbs.	22. I HEREBY CERTIFY, That I attended deceased from 15, 19, 23, to 22, 19, 23
6. DATE OF BIRTH (month, day, end year) 1855-3-20	lest saw h die allve on acces 28 1933 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date steted above, at 10:15 B.m.
78 J 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER ROUKKERPER atc.	Date of onest
	A A
work was done, as SILK MILL,	Chrome Myseardiles 1017
10. Oate decessed last worked at this occupation (month and spent in this	X1732
year) occupation (month and spent in this	Other Cantributory Causes of Importance:
12. BIRTHPLACE (city or town) Horowalles.	Office Canada of Importance.
(State or country) Many Carel.	
13. NAME Millon Apoblo.	,
13. NAME Milton Hobbs. 14. BIRTHPLACE (city or town) Usalescenter (Stella or country)	Name of operation
(State of country)	What test confirmed diegnosis? Was there an autopsy?
I 15. MAIOEN NAME Many Harfueld.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Many Harfield. 16. BIRTHPLACE (city or town) Marking.	Accident, suicide, or homicide? Oate of injury, 19
(State of county)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Charles M. Hobbs. (Address) 627 Harlem Lane, Catons ille.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place M& Kindre la sustante Cury = 31 = 1933	Nature of injury
19. UNDERTAKER 6. M. Haltz. (Address) Hinfield, Mid.	24. Was diseese or Injury In any way related to occupation of deceased?
20. FILED Que 30 , 19 33 Warhall B wast	(Signed) the Language M. O. (Address) & March Cong Cong The
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Juluo.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1	MARGIN RESERVED FOR BINDING	FOR BINDING
N. B.—WRITE PLAINLY,	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RI	S IS A PERMANENT RI
mation should be care	mation should be carefully supplied. AGE should be stated EXACTLY.	stated EXACTLY.
CAUSE OF DEATH in	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex	properly classified. Ex
TION is very importan	TION is very important. See instructions on back of certificate.	certificate.

Length of residence in city or town where daath occurred. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 53. If married, widowed, or divorced HUSBAND of (or) WIFE of	Registration Dist. No. No.3
Village or City (If de Length of residence in city or town where daath occurred. (If de Length of residence in city or town where daath occurred. (If de Length of residence in city or town where daath occurred. (If de Length of residence in city or town where daath occurred. (If de Length of residence in city or town where daath occurred. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX. (Usual place of abode) OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	No.3 St., Ward leath occurred in a hortital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from 123, to
Length of residence in city or town where daath occurred. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 70. If married, widowed, or divorced HUSBAND of (or) WIFE of	St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from 1933, to 1933, to 1933.
Length of residence in city or town where daath occurred. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("purite the word) 1. If married, widowed, or divorced HUSBAND of (or) WIFE of	St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from 1933, to 1933.
2. FULL NAME (a) Residence: No	St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 22. HEREBY CERTIFY, That I attended deceased from the company of the com
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Ta. If married, widowed, or divorced HUSBAND of (or) WIFE of	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 22. HEREBY CERTIFY, That I attended deceased from the state of the s
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 7. If married, widowed, or divorced HUSBAND of (or) WIFE of	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 22. HEREBY CERTIFY, That I attended deceased from the state of the s
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE OR DIVORCED (write the word)	22. OATE OF DEATH (Month) (Day) , 193 (Year) 22. I HEREBY CERTIFY, That I attended deceased from the state of the state o
OR DIVORCED (write the word) Ta. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Mont) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from [1, 1933], to [1, 1933].
HUSBAND of (or) WIFE of	alegnot 11,133, 6 lugaret 11,133
1 4 023	1
1410 0 0 10 14 1 2 3	I last sawn alive on
3. DATE OF BIRTII (month, day, and year)	
AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Or min.	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Quetant Done +
9. Industry or business in which	Jugartia of franceine
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	with premature separation
yaar) occupation occupation	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or country)	
	outrour.
70-04- ·	7-20
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Haden From OBradu	23. If death was due to external causas (VIOLENCE) for also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country) Perusan Comme	Where did injury occur?
7. INFORMANT MACCharles Hooker (Address) Wood Cours med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 19	Nature of injury
19. UNDERTAKER Charles Holling (Address) Tovalnin (Jacky)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 8/1/, 19 33 M. h. Buffer. Registrar.	(Signed) Shua Mungaret M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	J	Example II	
The principal cause of death and related causes of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M. D. B. 1268-9 HEALTH DEPARTMENT—CITY OF BALTIMORE should tent of CERTIFICATE OF DEATH atement 1. PLACE OF DEATED Registered No... NS (If death occurred F BALTIMORE: (No. 324) hospital or institution, give its NAME instead of street and number.) Longth of residence ln city or town where death occurred. mod. ds. How long in U. S. If of foreign birth?yrs.mos. 2. FULL NAME (a) Residence: No. 3 (Usual place of about (If non-resident give city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widowed, properly of certifica 21. DATE OF DEATH (month, day, year) (self or Divorced (write the word) I HEREBY CERTIFY, That I actended deceased stated 5a. If married, wldowed, or divorced HUSBAND of ... 19 5 Death ls sald (or) WIFE of to have occurred on the date stated above, at . . m. 6. DATE OF BIRTH (month, day, year) The principal cause of death and related causes of Days If LESS than 7. AGE Years Months Date of onset 1 day,....hrs. min. 3. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this Other contributory causes of importance: occupation .. 12. BIRTHPLACE (city or town) (State or country) mpor 13. NAME () Name of operation. 14. BIRTHPLACE (city or town)
(State or country) What test confirmed diagnosis Consultations there an autopsy? mount 23. If death was due to exernal causes (violence) fill ln also the fol-MOTHER lowing 15. MAIDEN NAME Where did injury occur?.... (Specify city or town, county, and State) (State or country) Specify whether injury occurred in industry, in home, or in public nformation 17. INFORMANT . place (Address) state Manner of injury. OR REMOVAL 18. BURIAL. CREMATION. Nature of Injury... accen Date Mus 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER no If so, specify (Address) m Hallier Kerry na Registrar.

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Example II Example I The principal cause of death and related Date of onset The principal cause of death and related Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1921 1 week ago Chronic interstitial nephritis Run over by street car July 5, 1927 3 days ago Peritonitis Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: May 1, 1923 Gastroenteritis Gallstones 1 year

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	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08496
1	PLACE OF DEATH	
	County Palfimon	Registration Dist. No.
		No. / M. Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Langth of residence in city or town where death occurredyrsmos.	O_ds. How long in U.S. If of foreign birth?yrsmos,ds.
2	FULL NAME Still Birth	
	(a) Residence: No. Pennaulvania	St. V3 Ward. Rusemont
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 8	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DWORCED (agrice the word)	21. DATE OF DEATH (Month) (Month) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended decaased from
	M Ann 1633	Last saw h alive on D 19 death is said
_	DATE OF BIRTH (month, day, and year) AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 7 1 m.
	Studios 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still Dunth
UPAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	abortion at 10th
OCCU	10. Date deceased last worked at this occupation (month and year)	Well .
12.	BIRTHPLACE (ofty or town) Rossmant Manglans	Other Contributory Causes of importance:
~	13, NAME O MM B. H. H. J. J.	on far
THER	Ostla Cit	Name of operation. Oate of
FAT	14. BIRTHPLACE (city or town). Control (State or country) Mary Lawy	What test confirmed diagnosis? Was there an autophy?
HER	15. MAIDEN NAME AM Mullen	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
MOTH	16, BIRTHPLACE (city or town) Paltemoty City	Accident, suicide, or homicida? Oate of injury 19
×	(Stata or country) Manyland	Whera did injury occur? (Specify city or town, county and State)
17.	INFORMANT MAJAMANA MA	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place On Townbate US 19	Nature of injury 20
19.	UNDERTAKER SAMILA ST HONO	24. Was diseasa or injury in any way related to occupation of deceased?
20	FILED 14t 1922 Medden	If so, specify (Signed). Alabell Washington, M. D.
1	Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
	1) more viants are needed, address State Registrar,	ages are Common derects, Dummores Acquesting O. de 170. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	-1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07889
1. PLACE OF DEATH	168
County Battinia	Registration Dist. No. 3
Village or City Catana velle	No pring Trans Caspital St. Word
Length of residence in city or town where death occurred #Oyrs mos	death occurred in anorpital or institution, give its NAME instead of street and number) as. How long in U.S. If of foreign birth? 40 yrs mos ds.
2. 11	us. How long in a.s. if of foleign pitting 9 -0 - yis mos us.
2. FULL NAME Mary Jeuska	0 W 1
(a) Residence: No. 748 M. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Ambrille Word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jahr Koerska	22. I HEREBY CERTIFY, That I attended deceased from 1939, to aug 1533
6. DATE OF BIRTH (month, day, and year) June -29-1857	I last saw her alive on aug. 127 1933 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:00 Bloom
76 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Labar Gneumania 7/28/32
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	
11. Total time (years) this occupation (month and year) year) 12. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Balewia (State or country)	Other Coutributory Causes of importance:
II 13. NAME Turkerown	
13. NAME Culcus 14. BIRTHPLACE (city or town) (State or country)	Name of operation None Daje of What test confirmed diagnosis begans and begans the transfer opey? Wo
15. MAIDEN NAME Culculation	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Culculum 16. BIRTHPLACE (city or town) (State or couply)	Accident, suicide, or homicide? 20 Date of injury 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Miss Mary Lauska Otap So	The shether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Holy bodeever Date Cine 4 , 1933	Manner of injury
19. UNDERTAKER Thank Grack Son	24. Was disease or Injury in any way related to occupation of deceased?
(Address) 1906 all all all	If so, specify ARRA CHAIN
20. FILED 1/2 1933 At Clud plat Registrar.	(Signed) UTOOT, Club Tankey M. D. (Address) Around Le Trid
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstition neparitis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
- 10 out 12			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCI should item of SCORD, Every RHYSICIANS statement Exact CTL classified. BINDING certificate. properly MARGIN RESERVED may back on AGE that instructions See plain very important. DEATH plnous OF -WRITE CAUSE

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County__ Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) ____ds. How long in U.S. if of foreign birth?_____vrs. Length of residence in city or town where death occurred Wallace Jones Lemue 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) White Male (Year) 5a. If married, widowed, or divorced HUSBAND of 22. That I attanded deceased from (or) WIFE of ida J. Jones (nee 1861. 6. DATE OF BIRTH (month, day, and year) Years If LESS than 7. AGE Months Days to have occurred on the date stated above, at, 8 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of enset 8. Trade, profession, or particular TION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... Andustry or business in which work was done, as SILK MILL, OCCUPA SAW MILL, BANK, atc 10. Oate deceased last worked at 11. Total time (years)
spent in this this occupation (month and occupation .. Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME Hilery Jones 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? _____ Was there an autopsy?___ MOTHER 15. MAIDEN NAME AMANGA 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19_____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Lida Jones Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 2 18. BURIAL, CREMATION, OR BEMOVAL Manner of injury Nature of Injury. 24. Was diseasa or injury in any way related to gcoupation of deceased? (Address) if so, specify (Signed)_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

TION

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epite si Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis Run over by street care 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis . 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	i
1. PLACE OF DEATH	<u> </u>	
County Daltimore	Registration Dist. No. 36	
Village weiter Caronserle St		Vard
Length of residence in city or lown where death occurred H H yrs.	If death occurred in a horpital or institution, give it NAME instead of street and number) os	ds
(). P RV //	'	
2. FULL NAME JOHN KONTA	a St. Ward. Ballo . nel	
(a) Residence: No. // 36 W Warnow (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
Male white lungle	(Month) (Day) (Year)	r)
a. If merried, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY, Thet I ettended deceased in	from
(or) WIFE of Cencle 193	July 3/ 193 > 10 aug 5 4 19 3	3
DATE OF BIRTH (month, day, and year) Inly	I last saw halmalive on Cery 5, 1933; deeth is	sai
. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 2 m.	
5 4 ? 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	2000
8. Trade, profession, or particular kind of work done, as SPINNER, Machinish SAWYER BOOKKEFPER, etc.	Date 01 01	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Cerrbral Embolism 4de	an
10. Date deceased last worked et 11. Total time (years)		
this occupation (month end spent in this occupation spent in the spent in the spent in this occupation spent in the spent in this occupation spent in the spent	00 00 00 00 00 00 00 00 00 00 00 00 00	
IZ, BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:	
(State or country) Germany	auteria Scherosis 5d	u
13. NAME Julius Kontade	organic Psychosis sa	6
14. BIRTHPLACE (city or town)	Name of operation	
(State of country)	What test confirmed diagnosis? Was there an au'opsy?	
15. MAIDEN NAME Callerno Constaat	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of injury, 19	
(State of Country) get francy	Where did injury occur? (Specify city or town, county and State)	
(Address) // 3/2 65 740 hours	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18 BURIAL CREMATION OR REMOVAL	Manner of injury	
Place Western Date aug 8 , 1936	Nature of Injury	
20. 20. (b) 9x (1) 9.0x 1.	24. Was disease or injury in any way related to occupation of deceased? Ho	-
(Address) So W. Tayett T	If so, specify	
20 FILED 8/5 1933 Affandren	(Signed) Coot C Jarrett	M. I
		-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		1	Example II	
The principal cause of death and related importance were as follows:	ten courses	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	5	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5		1921	Run over by street car	1 week ago
Cerebral hemorrhage	3 3	July 5,1927	Peritonitis	3 days ago
G 3				
Other contributory causes of imposit	ne S		Other contributory causes of importance:	
Gallstones C	10	May 1,1923	Gastroenteritis	1 year

WRITE V. S. No. 1

Village or City Dearway (1960) Orieth St: Ward) (If death secured in time, give its NAME interest and number) FERSONAL AND STATISTICAL PARTICULARS SEX A COLOR OR RACE SENTINGER (Write the word) FOR DATE OF BIRTH A COLOR OR RACE SENTINGER (Write the word) FOR DATE OF BIRTH A COLOR OR RACE SENTINGER (Write the word) FOR DATE OF BIRTH A COLOR OR RACE SENTINGER (Write the word) FOR DATE OF BIRTH A COLOR OR RACE SENTINGER (Write the word) FOR DATE OF BIRTH A COLOR OR RACE SENTINGER (Write the word) FOR DATE OF BIRTH A COLOR OR RACE SENTINGER (Write the word) FOR DATE OF BIRTH A COLOR OR RACE SENTINGER (Write the word) FOR DATE OF BIRTH A COLOR OR RACE SENTINGER (Write the word) FOR DATE OF BIRTH A COLOR OR RACE SENTINGER (Write the word) FOR DATE OF BIRTH A COLOR OR RACE SENTINGER (Write the word) FOR DATE OF BIRTH A COLOR OR RACE SENTINGER (Write the word) FOR DATE OF BIRTH A COLOR OR RACE SENTINGER (Write the word) FOR DATE OF BIRTH A COLOR OR RACE SENTINGER (State or country) FOR DATE OF BIRTH A STATISH WAR BIRTHPLACE (State or country) FOR DATE OF BIRTH (Address) FOR DATE OF BIRTH FOR DATE OF BIRTH FOR DATE OF BURIAL FOR DATE OF BURIAL	PLACE OF DEATH	STATE OF MARYLAND
Village or City Paris (196,000) St. Ward a hopfiel or institutions give its institutions give institu	V/10 ttinou	CERTIFICATE OF DEATH
Village or City part of the profession of particular stand of work business, or establishment in which employed or (employer) Paland 10 NAME OF FATHER DANK UNING 11 BIRTHPLACE OF MOTHER DANK UNING (Informant) Paland (Informant) Pala	County	Registration Dist. No.
PERSONAL AND STATISTICAL PARTICULARS SEX PERSONAL AND STATISTICAL PARTICULARS SEX A COLOROR RACE STRUCTURE OF DATE OF BIRTH MAY (State OF BIRTH MAY (STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH (State OF BIRTH MAY (State OF DEATH (State or Country) OF DATE OF BIRTH (State or Country) OF DATE OF BIRTH (State or Country) OF ON THE COUNTRY (State or Country) TA THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) PARTICULARS MEDICAL CERTIFICATE OF DEATH (State or Country) (All DATE OF DEATH (State or Country) DEATH OF RESIDENCE (For Hospitals, Inetitutions, Transients or Received Residents) In the Calles Broinedad. State or State or Country (State or Country) A Countributory Secondary (State or Country) The Calles Broinedad. The Calles Broine	Sha Shirt	At Joseph population of the
PERSONAL AND STATISTICAL PARTICULARS 3 SEX A COLOR OR RACE STREETS WHATHER WINDOWED A PROPERTY (Month) (Day) (Year) White the word) B DATE OF BIRTH A GE TAGE A COLOR OR RACE STREETS WHOWER COLOR WINDOWED A COLOR WINDOWS (Wind the word) White the word) B DATE OF BIRTH A GE TO DATE OF BIRTH A GE TO GENERAL WINDOWS (Wind the word) TO GENERAL WINDOWS (Wind the word) B DATE OF BIRTH (Wind the word) TO GENERAL WINDOWS (Wind the word) B DISTATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) TO LARGE WINDOWS (Wind the word) TO LARGE WINDOWS (Wind the word) TO LARGE WINDOWS (Wind the word) B DATE OF BIRTH A GENERAL WINDOWS (Wind the word) B DISTATISTICAL WINDOWS (Wind the word) B DATE OF BIRTH A GENERAL WINDOWS (Wind the word) B DATE OF BIRTH TO LARGE WINDOWS (Wind the word) B DISTATISTICATE OF DEATH (Windows) TO LARGE WINDOWS (WINDOWS (WINDOWS) TO LARGE WINDOWS (WINDOWS (WINDOWS) TO LARGE WINDOWS (WINDOWS (WINDOWS) TO LARGE WINDOWS (WINDOWS (WINDOWS) TO LARGE WINDOWS (WINDOWS (WINDOWS) TO LARGE WINDOWS (WINDOWS) TO LARGE WINDOWS (WINDOWS (WINDOWS (WINDOWS) TO LARGE WINDOWS (WINDOWS (WINDOWS (WINDOWS) TO LARGE WINDOWS (WINDOWS (WINDOWS	Village or City Paris 016. Once	a hospital or Institu-
PERSONAL AND STATISTICAL PARTICULARS 3 SEX A COLOR OR RACE MARKET MARKET M	William &	stead of etreet and
A COLOR OR RACE MARKET MARKET MARKET MARKET MARKET MIDOWED B DATE OF BIRTH My Mile the word) S DATE OF BIRTH MY MILE TO BIRTH MY MILE THE MARKET MARKE	² FULL NAME / //COOPING	who were
Male Male Midow by Midowed Corporation S DATE OF BIRTH May Gronth) (Day) (Yes) Write the word) 7 AGE If LESS than Iday, hrs. Iday, hr	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fileduy 19 1923 Address) TAGE If LESS than I day	male. Mite Willowed. Married	(Month) (Day) (Year)
TAGE If LESS than Law failty on 192	6 DATE OF BIRTH	
TAGE If LESS than I day hrs. The CAUSE OF DEATH * was as follows: Additional transformation Additional t	May 14 1889	and Flied
I day hrs. The CAUSE OF DEATH * was as follows: Soccupation Contributory	(Nonth) (Day) (Year)	that I last saw hy alive on 192
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in the latent that the business of latent that the business	7 765	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in the later that the business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER OF MOTHER (State or country) 12 MAJDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Informant) (Address) (Address) (Address) (Informant) (Address) (Informant) (Address) (Informant) (Address) (Informant) (Address) (Informant) (Address) (Informant)	14	
Destricular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Palaud 10 NAME OF FATHER OND UND 11 BIRTHPLACE OF FATHER OF FATHER OF MOTHER OF MOTHER (State or Country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed Causa A Mark And A M	8 OCCUPATION	
(b) General nature of industry business, or establishment in which employed or (employer) business, or establishment in which employed or (business, or establishment in which employed or (business, or establishment in which employed or (business, or establishment in which employed or empl	(a) Trade, profession or accommon	0.0000000000000000000000000000000000000
SHRTHPLACE (State or country) II BIRTHPLACE OF FATHER ONAL CONTINUENCE OF FATHER ONAL CONTINUENCE OF FATHER ONAL CONTINUENCE OF FATHER ONAL CONTINUENCE OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or Country) I3 BIRTHPLACE OF MOTHER (State or Country) I4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) IA THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) OF MOTHER OF MY KNOWLEDGE (Informant) OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(b) General nature of industry business, or establishment in Just lb	(Duration)yrs,mosds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (A	O BIRTHPLACE	Secondary
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Addre		(Signest) to DV m' nelistac tom M.D.
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) Filed 15 Filed 16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Ad	OF FATHER (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
At place of death wis mos. ds. In the State wis mos. ds. Where was disease contracted, if not at place of death? (Informant) (Informant) (Address) (Ad	TI 12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Inetitutions, Trans-
(Informant) (Informant) (Informant) (Address) (Addr	OF MOTHER PARTY	At place In the State yrs mos ds.
(Informant) Telicy Depther Street or BURIAL OR REMOVAL (Address) Space of BURIAL OR REMOVAL OR REMOVAL (Ad		Where was disease contracted, if not at place of death?
(Address) Sparing Pour MI Holy 1000 Eng Quy 31, 1933. 15 Filed aug 29 1923 9 H. Mier M. 20 UNDERTAKER DENNY 1/3 Light St.	Tolin De bitter	syal residence
15 Filed Clug 29 19233 9/ 1/2 Miles John Jenny 1/3 Light St	Show and Buch MI	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OLING 3/, 1933.
	15 Fileday 29 19233 Al Hy mice (M)	20 UNDERTAKER ADDRESS 1/3 Loht St
		7, 16 W. Saratoga St., Balto., Requeeting V. S. No. 1. Balto

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Parmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. f," etc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material -Coal minc, etc. Wom-(6) Grocery.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report more symptoms or terminal condiuse of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by taken. can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), Whooping American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic valvular heart etc. The contributory Always qualify all Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREA

STATE OF MARYLAND	CERTIFICATE OF DEATH 07893
1. PLACE OF DEATH	(183)
County Ballimal	Registration Dist. No. 44
Village or City Lynch 5. Point R 10	Paran fant mel st. Ward
(1)	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	f-ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Streph. / Graen	nes
(a) Residence: No. 3302 Audson. 4	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male. White OR DIVORCED (write the word)	Cuy 6 493
5a, If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Child	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Sept. 25. 1928	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
4. 10. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade profession or particular	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	10
9. Industry or business in which	Abanamara
work was done, as SILK MILL, SAW MILL, BANK, etc.	To Do
10 Date deceased last worked at this occupation (month and spent in this	7
Now was doine, as sith mitt, SAW Mitt, BANK, etc. 10 Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Dither Cantributery Causes of importance
a letter to the second and the second to the second and the second	Dther Contributory Causes of importance:
year) occupation occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Callings (State or country)	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Callings (State or country)	
year) occupation 12. BIRTHPLACE (city or town) Callingue (State or country)	Name of operation
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. NAME 16. Comparison 17. Darling 18. NAME 19. Comparison 19. Co	Name of operation
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. NAME 16. Comparison 17. Darling 18. NAME 19. Comparison 19. Co	Name of operation
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12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 17. INFORMANT 18. Special occupation OCCUPATI	Name of operation
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	Name of operation
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL	Name of operation
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	Name of operation
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 24 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Pl	Name of operation
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place	Name of operation
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 24 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Pl	Name of operation
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place M. CAMP CANNOL Date (Address) 19. UNDERTAKER (Address) 20. FILED AMA Registryn Occupation Occupatio	Name of operation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4.0	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributors carries of importance Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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tem of	plnods	of occ	
WRITE PLAINLY, W. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	
T RECOR	Y. PHY	Exact S	
RMANEN	XACTL	classified.	
IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
HIS	be	pe	Jo:
NK-T	plnods	it may	n back
ING I	AGE	that	tions o
INFAD	pplied.	erms, s	instruc
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W	refu	in I	tant.
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PLA	pino	F D	rery
ITE	n sh	SE O	is
WR	matio	CAU	TION

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(53)
County Daltinion	Registration Dist. No. 37
Village or City Server (II	No
Length of residence in city or town where death occurred yrs mos	sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Second (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Ellen Saussen	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, bay, and year) AGE Years Months Days If LESS than	I last saw how alive on Occasion 1927; death is said to have occurred on the date stated above at 1000 Am.
33 not Know 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Sarcoma Right legs 1 4 ag
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (coupation) 12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State er country)	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation General of Shouth Date of What test confirmed diagnosis? Wessensite Was there an autopsy? We
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. MAIDEN NAME 18. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
7. INFORMANT Ma James Javanne (Address)	Where did injury occur?
8. BURIAL, CREMATION, OR REMOVAL Place Neugefuld South Date any 3/1933	Manner of injury
9. UNDERTAKER Was - C. Beach & Sup. (Address) Spailes mid.	24. Was disease or Injury In any way related to occupation of deceased?
10. FILED ang. 28, 1933 Will bulcost. Registrar.	(Signed) MULL A Grall M. D. (Address) Farrage (ML)
If more blanks are needed, address State Registrar	24 T. N. Charles Street Relimons Dequestion 71 S. No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		SEVENES	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE mation CAUSE

V. S. No.

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Registrar.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of emilensu 1 week ago Run over by street ear Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago THE REAL PROPERTY. Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FU	URTHER S	STATEMENTS	BY	PHYSICIAN
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HYSI- Exact	PLACE OF DEATH County Ballimore	ST (23) CER
EXACTLY, Py classified.	Village or City MIT. Pleasant Sanitan Peisters 2FULL NAME Albert Leine	town Md. st.
stated EXAC properly class of certificate	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CE
be st be pr ck of	3 SEX 4 COLOR OR RACE BSINGLE, MARRIED, WIDOWED. OR DIVORCED Married (Write the word)	18 DATE OF DEATH
it m	6 DATE OF BIRTH June 2.3 , 1885 (Month) (Day) (Year)	17 I HEREBY CERTI
plied. I	7 AGE If LESS than I day hrs. mos. 19 ds. or min.?	and that death occurred on the CAUSE OF DEATH * wa
in plail	(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer)	
be ca EATH impo	9 BIRTHPLACE (State or country) Ballinion Md.	Contributory July Secondary
ould OF D	10 NAME OF Matthias Leinkuhler	(Signed) Nathan
on sh USE ON is	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OFFICIENTS OFFICIE	*State the Disease (Violent Causes, state (1) Accidental, Suicidal or Homic
Informati state CA CCUPATI	of Mother amelia Koestner 13 BIRTHPLACE OF MOTHER OF MOTHER	18 LENGTH OF RESIDENC ients or Recent Residents) At place
of 1	(State or Country) Salmuse 1/4. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
sho	(Informant)	Former or 2304
Every it CIANS stateme	(Address)	19 PLACE OF BURIAL OR RE
B E.	Filed Aug. 12 1983 - H. W. Slade - Registras	20 UN DEFTAKER
Z	If more branks are needed, address State Registrar	W. Saratoga St., Balto., R

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 33

Ward)

(If death occurred in a hospital or institu-tion, give its NAME is stead of street and number.)

MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH August 12, 1933 Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from 1933. to
Chronic Pulmoury Tuburulous
(Duration) yrs mos ds. Contributory Julius losis of Larynx Secondary (Duration) yrs 6 mos ds. (Signed) Nathan Levett M. D. Aug. 12 1923 (Address) Reistertown M. D.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death yrs / mos. 6 ds. In the State 4 Syrs / mos 19 ds. Where was disease contracted, Balluman MH
Former or 2304 Lawrella are Bullmon M
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL APPRESS APPRE
W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, whatever, write None. laborer, " etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). (b) Cotton mill; (a) Salesman, (b) Compositor, Architect, Locomotive engineer, For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, cough; intercurrent) Chronic etc. The contributory valvular heart affection Nomenclature need " " Shock," Measles ; disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S 33

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92
County Baltimore	Registration Dist. No. 4
Village or City Relay	No. St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the hospital of institution, give its 1741/11 institution of street and number)
2. FULL NAME Eleanor Oliv	r Ryons.
(a) Residence: No. Rolling Rd.	St., Ward.
(U hal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE. 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
To OR DIVORCED (write the word)	august 3 1933.
5a. If marriad, widowad, or divorced	(Month) (Day) (Yaar)
HUSBAND of Cohon R Lycons	22. HEREBY CERTIFY. That I attended dacaasad fr
6.1 02 1831	July 5 ,1933, to august J ,1933
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months Days If LESS than	to hava occurrad on the date stated abova, at X. Grn.
101 9 2 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trada profession or particular	Senile gargiere force
SAWYER, BOOKKEEPER, etc.	they ostated proming I do
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc.	
10. Data decaasad last workad at this occupation (month and spent in this	
year) occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) Male	
(State or country) Leland.	
9-11	
(Stata or country)	Name of operation Date of Was there an autopsy? The Was there are autopsy?
15. MAIDEN NAME Lave Inguan	23. If daath was dua to extarnal causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (chy or town) - Douglas Company (State or country)	Accidant, suicide, or homicide? Data of Injury19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17, INFORMANT Age It lugam	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Reliant Manual (Addrass) Reliant Manual (Addrass) Reliant Manual (Addrass) Manual	Manner of injury
Place St Hary: Hampt Date Creg 5, 1933	Nature of injury.
19, UNDERTAKER LEWYS Menkin Sho	24. Was disease or Injury In any way related to occupation of deceased? No
(Address) · Olli and 1/45-lar def &	If so, spacify
20. FILED augy 1932 Ste Mielder	(Signed) Lawrence G. Milfer, M.
Registrat.	(Address) / Cecay, Md.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the oeeupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

07899

1. PLACE OF DEATH	(US)
/ County Baltimore	Registration Dist. No. 4 7
Village or CityColgate	No. Eastern Ave. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
(If	f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign blrth?yrsmosds.
2. FULL NAME George Marscheck.	
	e st., — Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male White OR DIVORCED (wife the word) Married.	August (Month) I (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Marscheck	19 to
D 05 T050	I last saw h alive on, 19; death is sale
6. DATE OF BIRTH (month, day, and year) Dec. 25. 1859 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
4 = 1 day hrs	
73 87 -20-1 or min.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	
9. Industry or business in which work was done, as SILK MILL.	Senility: no physician in at-
work was done, as SILK MILL, SAW MILL, BANK, etc	tendance. no frather
1D. Date deceased last worked at this occupation (month and spant in this occupation wear)	- information curry
year)	Other Contributory Causes of importanco:
12. BIRTHPLACE (city or town) Germany	
(State or country)	
13. NAME George Marscheck	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country) (FORMEM V	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UNKNOWN	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
≤ (State or country) unknown	Where did injury occur?
17 INFORMANT George W. Marscheck	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Eastern Ave. Colgate	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injurynone
Place Mens Home 1 gas Mapate May 1 6 , 19 50	Nature of injurynone
10 INDEPTAKED John D. Cornella	24. Was disease prigry in any way related to pecupation of deceased.
(Address) Essey Mel-	If so, species / / / / / / / / / / / / / / / / / / /
associate assistant of a coll	(Signey My)
20. FILED MAS 19 3 J F W. WHILLY. Registar.	(Address Ingale / Mass
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) (State or country) UNKNOWN 17. INFDRMANT George W. Marscheck (Address) Eastern Ave. Colgate 18. BURIAL, CREMATION, OR REMOVAL Place Allum House Lyan Marscheck (Address) 19. UNDERTAKER John D. Lawelle (Address) 20. FILED Aug 15., 19.3.3 John M. Cornelle Register.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury None 24. Was disease to briury in any way related to occupation of deceased? If so, specify the any way related to occupation of deceased? (Signes)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

1. PLACE OF DEATH	OF MAK	TLAND—	CERTIFICATE OF DEATH 07300
10)10	eti war	0	8
0001119			Registration Dist. No.
/ Village or City	ons och	(1)	No. — Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town w	here death occurred	yrsmos	
2. FULL NAME.	arlatte	mati	tient
(a) Residence: No. 21	Theles	re au	Colly Wald.
PERSONAL AND STAT	(Usual place o		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE			21. DATE OF DEATH
Fruele Colors	OR DIYORCED	(write the word)	Clay 6 193
5a. If married, widowed, or divorced	- I was	rries	(Month) (Day) (Year)
LIHODANII A	Neather	v>-	22. HEREBY CERTIFY, That I attended deceased from 12,133, to leasy 16, 1933
6. DATE OF BIRTH (month, day, and year)	7	1876.	Viast saw h_lx alivo on Que 15 ,1933; death is said
7. AGE Years Month	hs Days	If LESS than	to have occurred on the date stated above, at 120 P.m.
57 2	. ?	l day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of importance wera es follows:
8. Trade, profession, or perticular	1/	1.	Date of onset
kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc	House	5/150	Trelinouary Tubasculoses This
kind of work done, es SPINNER SAWYER, BOOKKEPER, etc 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et		0	
work wes done, es SILK MILL, SAW MILL, BANK, etc.			
		t in this	
yeer)	occu	pation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Cary la	2-1	
(State or country)	150 .0		,
13. NAME / COURT /	Mathe	wi	
13. NAME / Color)	Maryla	al	Nama of operation Date of
(State or country)	110		What test confirmed diagnosistal. Funding spas there an autopsy? To
15. MAIDEN NAME CLCCU 16. BIRTHPLACE (city or town)	2 / Tra	use	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Porren	· ·	Accident, suicide, or homicide? Date of injury19
≥ (State or country)	8		Where did Injury occur?
The said	The de our		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address)			open, mount injury sociated in the octat, in nome, of in toblic tence.
18. BURIAL, CREMATION, OR REMOVAL	A 9		Manner of injury
Plece Con Sern	la Bate 0	·78,1033	Nature of injury
1	7 × H3	0	
19. UNDERTAKER TRUE	2× 19-20	a keep	24. Was disease or injury in any way related to occupation of decessed?
The Table	1/1/1/11	1. 1	If so, specify
20. FILED 8 1. 8	Home	near	(Signed) Delice W V Ell M. D.
7.6	apury	Registrar.	(Address) Va Cour ville her
15	more munks are necaeat ac	wiess state Registrat,	24x1 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07901
1. PLACE OF DEATH	(31)
County Baltimore	Registration Dist. No. 37
Village or City White Hell	No. St., Ward
(If Length of residence in city or town where death accurred 36 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foroign birth?
A X+ To +-1	,yrs,mos, os.
2. FULL NAME fallel hatthews	
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white marine (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of Or HATE ST. Matthews	22. I HEREBY CERTIFY. That I attended deceased from
1 1	1 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTH (month, day, and year) Yorky 11, 183 9 7. AGE Years Months Days If LESS than	I last saw have a live on
7 4/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Comment office the
9. adustry or business in which	make rety, by besterneum
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Harford	Cerebral hemontage.
(State or country)	
13. NAME Crobed matthews	
(State or country)	Name of operation Oate of
15. MAIDEN NAME Martha. Beall	What test confirmed diagnosis? Was there an autopsy? 1
2112	23. If death was due to external causes (VIOL ENCE) fill In also the following:
2 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
h. The E bestelling	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) While I have had	Specify whether injury occurred in Product, in nome, or in Public PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wesh Liberty Date ling 16, 1933	Nature of injury
P. market at Land	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) While Hell, Ind.	If so, specify
20. FILED Chry 15, 1933. Melong Borting	(Signed) forman H. tem and M. D.
Registrar.	(Address) Lauter Law Pa
U If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A LUDE A LUDE LA	

ADDITIONAL	SPACE	FOR	FURTHER.	STATEM	ENTS	BY	PHYSIC	CIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1	STATE	OF MARYLAND-	CERTIFICATE OF DEATH	77902
1. PLAC	E OF DEATH	~ ~ · ·	(83)	1302
County	Baltin	are	Registration Dist. No.	4
Village	weity Cato	noville of	brown gove Hospital St.	Ward
Length	of residence in city or town where	e death occurred 1 yrs, 4 mos	f death occurred in a horpital or institution, give its NAME instead of street and stree	mos. ds.
2. FULL	NAME Paul	me Olai		
(a) Re	sidence: No. 867	W.Z. esta	St. Ward. Ballo m.	15
(4) 110	Sidence. No. 9	(Usual place of abode)	If nonresident give city or town as	nd State
PER	SONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	102 3
5a If married	e white	marred	(Month) (Day)	(Yaar)
HUSBANE (or) WIFE	of		22. I HEREBY CERTIFY, That I attende	d deceased from
(61)	unker	aura-	7eby 17, 1932, 10 aug 4	, 19.2.3
6. DATE OF B	RTH (month, day, and year)	Dec. 27/1900	I last saw ham alive on area 4 193.	3.; death is sald
7. AGE	Years Months	Days If LESS than	to have occurred on the date stated above, at 9.4 m.	
	32 7	7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	,
8. Trade,	profession, or particular	0		Date of onset
SA 9 Industry WO SA 10, Date to	d of work done, as SPINNER, WYER, BOOKKEEPER, etc	rano luner	General Paralossa	Suice
S 9, Industr	ry or business in which rk was done, as SILK MILL,	0, '	of the Insans	Sept
SA SA	W MILL, BANK, etc	male		1931
	eceased last worked at soccupation (month and	11. Total time (years) spent in this occupation		
12. BIRTHPLA	CE (city or town) The	~ Orleans	Other Coutributory Causes of importanca:	
	or country)	a .	Cersbral Effection	1800
13. NAME	Zevon	n- claim		
13. NAME	PLACE (city or town)	2	Nama of operation Date of	
L (St	ate or country)	la	What test confirmed diagnosis? Was there are	aulonsy?
15. MAIDE	N NAME Zouis	e anderson	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDE	PLACE (city or town)	7	Accident, suicide, or homicide? Date of injury	
≥ (St	ate or country)	La-	Where did injury occur?	, 20
17. INFORMAN		mc claim	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
(Addres	EMATION, OR REMOVAL	tagette of		
Place Z	had 1	1 Date aug 7 19 3	Manner of injury	
1 1000 22			Nature of injury	0.
19. UNDERTAK (Addres		michell son	24. Was disease or injury in any way related to occupation of deceased?_4	no.
20. FILED	15 ,1933 \$	Chydren	(Signed) Wolf- Cyarrel	M. D.
/	all all	ferty Registrar.	(Address) Carron Carlo	Ma
	If mof	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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8.—The trade, profession, or particular kind of work done.
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Example I	15	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

HNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING WRITE PLAINLY

V. S. No. 1

state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(37-22)
ould	/ County Baltimore 60.	Registration Dist. No. 43
should of OCC	Village or City Stemmers Pun	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS ut	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign blrth?yrsmosds.
YSICIANS	2. FULL NAME John & omad Mil	be
H /	(a) Residence: No. A surg Cluent (Usual place of abode)	St., Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH QUEST 10 193 3 (Year)
X A C T classified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. That I attended deceased from
EXA classe.	6. DATE OF BIRTH (month, day of dy year) 1872	Hat saw h Welva on Le G. J. 1933 death is said
rly cat	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, A. P. Co. m.
stated E properly certificate.	6 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be st be pr of cer	8. Trade, profession, or particular	Clerkotis Mulder
should it may n back	SAWYER, BDDKKEEPER, etc. Lawrence Industry or business in which work was dona, as SILK MILL, Truck Farm. 1D. Date deceased last worked at this occupation (month and spent in this years)	Meteriti
E sh t it on	1D. Date deceased last worked at this eccupation (month and year) 19.3.	
plied. AGE erms, so that instructions	12. BIRTHPLACE (city or town Baltimor Camb	Other Contributory Causes of Importance:
s, s ruc	(State or country) In any land	
supplied n terms, ee instru	13. NAME Lague In if he	
sup in te See i	13. NAME Lagary M. Che 14. BIRTHPLACE (city or town).	Nama of operation Data of
y s aim	(Stata or country)	What test confirmad diagnosis? Was thera an autopsy?
carefully H in pla	15. MAIDEN NAME Hathurine L. Pensel	23. If death was dua to external causes (VIOLENCE) fill in also the following:
be careful EATH in primportant.	15. MAIDEN NAME Hathum J. Pensel 16. BIRTHPLACE (city or town) Balling Cely	Accident, suicide, or homicide? Date of injury, 19
Po	∑ (State or country)	Where did injury occur?
POA	17. INFORMANT Louis W. Doller	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Placa St. Celin Date aug. 13, 1933	Nature of injury
mation shou CAUSE OF TION is ver	19. UNDERTAKER Fredh Land & Sa	24. Was diseasa or injury in any way related to occupation of deceased?
(2)	(Address) 7 401 Below Good	If so, specify
	20. FILED 8/12, 1933 D. a. Fritz	(Signed) M. D. (Address)
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I	4	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	₹		
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

1. PLACE OF DEAT				(131)	District the District Ma	410
County_Baltin					Registration Dist. No.	70
Village or City G	en arm		(If	No. Belair death occurred in a hospital or institu	KOAD ation, give its NAME instead of	St.,Ward street and number)
Length of residence in cit	y or town where de	eth occurred	yrsmos	ds. How long in U.S. if o	of foreign birth?yrs	ds.
2. FULL NAME	lice 0	Neill				
(a) Residence: No	Belair	Rd., G (Usual place	len Arm	St., Ward.	If nonresident give city or	town and State
PERSONAL AN	D STATISTIC	CAL PART	ICULARS	MEDICAL C	ERTIFICATE OF DE	EATH
	r OR RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word) idowed	21. DATE OF DEATH	llth, (Day)	, 193 3 (Year)
ie. If merried, widowed, or divo HUSBAND of	rced					
(or) WIFE of Che	rles 0'	Neill			Y CERTIFY Thet I	1/ 19.33
5. DATE OF BIRTH (month, day	то То	n. 6.	1864	I lest sew h alivo on	1	., 19. 3.3.; deeth is seid
AGE Years	Months	Deys	If LESS then	to heve occurred on the date state	4	, , , , , , , , , , , , , , , , , , , ,
69	7	5	1 dey,hrs.	The PRINCIPAL CAUSE OF DEA'		
8 Trede profession or pe	rticular		1 01	word es fonows.		Oate of onset
kind of work done, SAWYER, BOOKKEE		None		Chimic m	1 oraditis	240
9: Industry or business in work wes done, as S SAW MILL, BANK, 6	which SILK MILL,			Chronic ha	tental repl	utes 24xs
kind of work done, SAWYER, BOOKKEE SINdustry or business in work wes done, as SAW MILL, BANK, of this occupation (modern this		11. Totel	time (yeers)	-		
this occupation (more yeer)	nth and		ent in this cupation			
				Other Contributory Causes of imp	ortance:	
12. BIRTHPLACE (city or town) (State or country)	Cana	da				
H 13. NAME TTY	lknown					
13. NAME UT				Neme of operation.	ne	Dete of
(State of country)		known		What test confirmed diagnosis?	Phymalsignes Wes	there an eutopsy? No
15. MAIDEN NAME	Unknown			23. If deeth wes due to external ca	uses (VIOLENCE) for in elso th	e following:
16. BIRTHPLACE (city or to	wn)			Accident, suicide, or homicide?	Dete of inju	ıry, 19
E (State or country)	Unkno	wn		Where did injury occur?	(Specify city or town, coun	aty and State)
	Dunn, Arm, M	d.		Specify whether injury occurred i	n INDUSTRY, in HOME, or in F	PUBLIC PLACE.
18. BURIAL, CREMATION, OR F	REMOVAL	0	11	Manner of injury		
Place Chrea	10., osl.	Dete Cu	g. 1.1., 19.3.3	Neture of injury		
19. UNDERTAKER Fred (Address) 74(nick X	r Road	h for	24. Wes diseese or injury in eny v	vey releted to occupetion of dec	ceesed? NS
20, FILED 8///	337.15	? Ham	moth	(Signed) (Address) North	Hochew !	. A M. I

CEDTICIOATE OF DEATH

AMOBI

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUHEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

2	ned!	
	_	
	o.	
	X	
	UŽ	

or- are A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07005	
infor- state UPA-	1. PLACE OF DEATH	(93)	
n of ould	County Balto.	Registration Dist. No.	
should of OCC	Village or City Bonleys Quarters	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
~ 00	Length of residence in city or town where death occurredyrs,mos		
Every CIANS ement	2. FULL NAME Buchen Ott		
2 3	(a) Residence: No. 12910 M. Safaryett	St. Ward.	
ECORD. PHYSI	(Usual place of abode)	ff nonresident give city or town and State	
EC P	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
LY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Cingle	21. DATE OF DEATH Que . 24 . 1933 (Month) (Day) (Year)	
NEI	5a. If marriad, wildowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from	
RMAN X A C	(pr) WIFE of	, 19, to	
	6. DATE OF BIRTH (month, day, and year) July 3 -1905	I last saw h aliva on, 19, death is said	
d d erly	7. AGE Years Months Oays If LESS than	to have occurred on the date stated abova, atm.	
IS A stated proper	28 1 21 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
7.0	2 Trade profession or particular	Oate of enect	
HIS be be of	SAWYER, BOOKKEEPER, atc.	Eslectrocuted >	
Should it may n back	and Industry or business in which work was done, as SILK MILL, and Control of	1 100	
She she it i	10. Data decaased last worked at 11. Total time (years)	accidentally	
(A) Am	this occupation (month and spent in this occupation occupation		
A C th	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:	
d.	(State or country)		
Supplied. AGI terms, so that ee instructions	II 13. NAME WM. O. O. C.		
5 4 5	14. BIRTHPLACE (city or town) Rockbriolof Gr.	Name of operation Oate of	
- 70	(State of Country)	What test confirmed diagnosis? Was there an autopsy?	
X, WITH carefully H in pla	15. MAIDEN NAME Mary B. Markham	23. If death was dua to external causes (VIOLENCE) fill in also the following:	
INLY, WI be careful EATH in pimportant.	16. BIRTHPLACE (city or town) Muniford	Accident, sulcide, or homicida? Oate of Injury, 19	
NE be c	(State or country)	Where did injury occur?	
Id b DE.	17. INFORMANT Frank Harrelson	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
E PLA should OF D	(Address) \$ 26 00. La fayette		
	Place Buchawan Va Date Rug. 2 6, 19 3	Manner of injury	
-WRITH mation s CAUSE TION is	4 B N' +	Nature of Injury	
CA	19. UNDERTAKER (Addrass) 13 OD Culary Place	24. Was disease or injury in any way related to occupation of deceased?	
B.	1) (23) ()	If so, specify (Signed) Jacob Dallman Coroner M. D.	
z (T)	20. FILEO My. 23 , 1935 John Connects	(Address) Itemouses Run Wid	
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis RECET	3 days ago	
		COEL	V MD	
Other contributory causes of importance:		Other contributory causes of importance G 28		
Gallstones	May 1,1923	Gastroenteritis "TREAT	y Jugar	
			7 10,	

1. PLACE OF DEATH		
County Baltimore,	Co.	Registration Dist. No.
Village or City Turners St Length of residence in city or town where de	_ (1	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ——ds. How long in U.S. if of foreign birth? 11 Figs. ——mos. ——ds.
2. FULL NAME Walt	er. F. Popp	
(a) Residence: No. Turners	Station,	St., Ward.
BEECONAL AND COATION	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTI 3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Male White	OR DIVORCED (write the word) MATTIED	(Month) (Day) (Year)
5a. If married, wido Hues thought of HUSBAND of Mrs. Anna. (or) WIFE of Mrs. Anna.	E. Popp	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	pt6-1894	I last saw h alive on, 19; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the dete stated ebove, atm.
38 11	2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Fireman on LITOWS Pt. R. R. 11. Total time (years) spent in this occupation	Gen Shot Warred
	altimore City	Other Contributory Causes of importance:
当 13. NAME Frederi	ck Popp	_
14. BIRTHPLACE (city or town)	Baltimore, Md.	Name of operation
(State of Country)		What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Florence Ahliss 16. BIRTHPLACE (city or town) Baltimore, Md. Accident		23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? AMULIA Date of injury ally 1, 19. 3. Where did injury occur? A Costandale Hamile
17. INFORMANT Mrs. Anna. (Address) Turners Stat	E. Popp ion, Balto. Co.	
18. Burial, cremation, or removal Place Baltimore Ceme	tary-Aug21,-19	Nature of injury State Through Aughlas How
19. UNDERTAKE Juny Theck (Address) 1301 E. Eag	Mons, Suc-	24. Was disease or injury in any way related to occupation of ecceased?
20. FILED 8/19/3 18/1/1	cloan wind	(Signed) Friderick Hadams M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstition nephritis	1921	Run over by street car	1 week ago
Cerebral he corphage	July 5,1927	Peritonitis	· 3 days ago
- B B B		**	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
10, 2 0			

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLAINLY, WITH

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 07907
1. PLACE OF DEATH	93-0
/ County Ballo	Registration Dist. No. 3-3
Village or City Dlyndon	NO. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Danial Parter	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male Colonel Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22. HERERY CERTIFY That I attended dacasased from
James Officer	1 2 11y 4 kg, 19 33, to Sug 5th, 1933
6. DATE OF BIRTH (month, day, and year) March 29 1850	1 Jost saw h. A. aliva on Jung 3 , 103 ; death is said
7. AGE Yaars Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above at 5
83 4 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	must and of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date dacaasad last workad at this organization (month and	Jahan Micomplen
10. Date dacaasad last workad at this occupation (month and year) spant in this occupation	
12. BIRTHPLACE (city or town) Dalto 60	Other Contributory Causes of importance:
(State or country)	1 arteriorelesoria
13. NAME Nakeround 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Harry Grocles 16. BIRTHPLACE (city or town) Balls 60	23. If death was due to extarnal causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
(State or country)	Whara did injury occur?
17. INFORMANT Mellie Hindu (Address) Glonary Med	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St 6 harles 6 em Data Cluc 7 1933	Mannar of Injury
1581.	Natura of injury
19. UNDERTAKER Rustinstown Md	24. Was diseasa or injury in any way ralatad to occupation of decaased? If so, specify
20. FILED arg. 5, 192 - Tot. Registrar.	(Signad) June J. Safley M. D. (Address) Olive the lower mind
If more blanks are needed address Costs B	N. C. L. C. D. L. D. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1	- [1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

JARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07908
1. PLACE OF DEATH	10
County Baltimore	Registration Dist. No. 33
Village or City Owings miles med	No. Convol State Trainingst, Ward death occurred in a hospital or institution, give its NAME instead of treet and number)
Length of residence In city or town where death occurred 21 yrs. 2 mos. 2. FULL NAME Catherine margaret M	
(a) Residence: No. 1700 Milliam St Ball (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH august 2 193 3 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 24. 15 19.32 to Que 2 19.23
6. DATE OF BIRTH (month, day, and year) Lec 6, 1918 7. AGE Yeers Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 3:40 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or particular kind of work done as SPINNER, Inmate; Rosework SAWYER, BOOKKEEPER, etc. State framing	Lobar Preumoria with 7/22/33
kind of work done, as SPINNER, State Franking SAWYER, BOOKKEEPER, etc. State Franking SIndustry or business in which work was done, as SILK MILL, School or owner SAW MILL, BANK, etc. State Franking 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	Empyena
12. BIRTHPLACE (city or town) Ballimore, Jul. (State or country)	Other Contributory Causes of Importance: Shastic Paraplague
13. NAME William J. Reid	Congenital
13. NAME William V. Reil 14. BIRTHPLACE (city or town) Battomore, Jul. (State or country)	Name of operation Date of Date of Was there an autopsy? Lo
15. MAIDEN NAME Margaret H. allen 16. BIRTHPLACE (city or town) Baltimore Jul (State or country)	23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, sulcide, or homicide?
17. INFORMANT Institutional Resorts (Address) Reserved State Training School and	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL and and to Place color Will Cam. Oate Gay 4, 19.3	Manner of injury
The first starters.	24 Was disease or injury in any way soleted to assuration of deceased.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

2.	(a) Residen		are		St., Ward.	:		
			(Usual place				ent give city or town ar	nd State
	PERSON	IAL AND STATIS	TICAL PART	ICULARS		AL CERTIFICA	E OF DEATH	
3. SE	Tale	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DE	ATH (May 1)	(Day)	., 193 <u>3</u>
5a. I	f married, widow HUSBAND of (or) WIFE of	or divorced	Rober	ta	22. Sept 17-1	EBY CERTI	FY. That I attende	
6. D.	ATE OF BIRTH	(month, day, and year)	me 14	-1820	I last saw h sur aliv	e on augu	at 14,19.3	∂; death is sai
7. A	GE / Yea	Months	Days	If LESS than	to have occurred on the		2.5 P.m.	
1	6	2	-0	1 day,hrs ormin.	The PRINCIPAL CAUSE were as follows:	OF DEATH and related co	nuses of importance	1 Oate of onse
NO.	SAWYER,	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc	1 2		myoc	ardials	nsufficient	y Sept 1
	work was	business in which s done, as SILK MILL,	loso	- mase				
OCCUPA	10 Date deceas	ed last worked at pation (month and	spe	time (years) ent in this 257				
		· · · · · · · · · · · · · · · · · · ·		-	Other Contributory Cause	es of importance:		
12. 1	BIRTHPLACE (cit (State or cour		01	1	arten	o Jeler	oris	Wirod
ER	13. NAME	Jambes	1000	42		P.O		forte
ATHER	14. BIRTHPLACE	(city or town)	W		Name of operation	none	Date of	/
L-	(State or	country)	- ma . /	QUA.	What test confirmed diag	nosis?	Was there ar	au'opsy?_ &
	15. MAIDEN NA	IME Cleyon	- Mick	newyso	23. If death was due to ex	ternal causes (VIOL ENCE) fill in also the followi	ng:
	16. BIRTHPLACE		no.	·	Accident, suicide, or hom	icide?	Date of Injury	, 19
Σ	(State or	country)	PJut		Where did injury occur?.	(Specify city	or town, county and St	lale)
17. 1	NFORMANT	Statte 1	COUNTY AND	aus	Specify whether injury or	courred in INDUSTRY, in	HOME, or in PUBLIC F	PLACE.
18. E		TION, OF REMOVAL	1 Date Qu	2 6 .33	Manner of injury			
19. 1	JNDERTAKER (Address)	Clarent 7	- E. ai	the	24. Was disease or injury	in eny way related to occ	cupation of deceased?	no
_		7/ - 10		7 /	- Cla		d M	1

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

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U	1	17	1	U

1. PLACE OF DEATH	_		46	
County Baltimore			Registration Dist. No. 32	
Village or City Garrison		(li	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)	
			ds. How long in U.S. if of foreign birth?mosds.	
2. FULL NAME George Washi			N N N - N - N - N - N - N - N -	
(a) Residence: No. Garrison,	Md . (Usual place of abode	e)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICA	L PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, V OR DtVORCED (write Married		21. DATE OF DEATH August 2 , 193 3 (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of Reta Rodg	ers		22. I HEREBY CERTIFY, That I attended deceased from November 14	
6. DATE OF BIRTH (month, day, and year) May	1, 1857		I last saw him alive on August 2 , 19.33 ; death is said	
7. AGE Years Months 77 3	1 1 day	LESS than y,hrsmin.	to have occurred on the date stated above, at 3 A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, Landscape Gardner SAWYER, BOOKKEPPER, etc.			Carcimoma of rectum ?	
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				
12. BIRTHPLACE (city or town) Baltimore (State or country)	County, M	d.	Other Contributary Canses of importance:None	
13. NAME William Rodgers				
H 13. NAME William Rodgers 14. BIRTHPLACE (city or town) Baltimon (State or country)	re County,	Md.	Name of operationNoneDate of	
ய் 15. MAIDEN NAME Isabella Black	cton		23. If death was due to external causes (VIOL ENCE) fill In also the following:	
15. MAIDEN NAME Isabella Blackton 16. BIRTHPLACE (city or town) (State or country) Maryland 17. INFORMANT Amelia Hammett (Address) Garrison, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Aug. 4. ,1933			Accident, suicide, or homicide?	
			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
			Manner of injury	
19. UNDERTAKER Frank H. Newell (Address) Pikesville, Md.	••		24. Was disease or injury in any way related to occupation of deceased?No	
20. FILED aleq 3, 1933	Jon	Registrar.	(Signed) Ro. C. Mchold M. D. (Address) Pikesville, Md.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---	------------	-----------	---------	------------	----	-----------

If more blanks are need a, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08497
1. PLACE OF DEATH	(131)
County Baltimore	Registration Dist. No.
Village or City Woodlawn	No. Kriel Street St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
0-1 me 0	in a rong in o. s. ii or roreign uniti:yrs
2. FULL NAME Sola May Same	ruein
(a) Residence: ND. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (virie the word) J. If married, widowed, or divorced	21. DATE OF DEATH Liquid 29, 19533 (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mare 1. 1859	Clast saw & alive on Quant 129, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.30 P.m.
74 3 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Z 8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Chronic Rephritis quers
U IO. Date deceased last worked at a least II. Total time (years)	
this occupation (month and 1927 spent in this 25 occupation	Dthes Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Ballings	Urterial hypertension 6974
(State or country)	0 0
14. BIRTHPLACE (city or town) Baltine	Semility
14. BIRTHPLACE (city or town) Balting	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah James Odams	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
The will get en	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) // Creek Cases Common	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place VIIII 13/ Close Cpol 193)	Nature of injury
19. UNDERTAKER William forms (Agdress)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1933 On D. 12 flers Registrar.	(Signed) Joshua H. Urmagost M. D. (Address) Wordlawy Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, WI

	STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH 07	919
1. PLACE O	1			92-0	7
County	Delto			Registration Dist. No.	7
Village or (City Cocley	wille		No. St.,	War
Length of res	idence in city or town where		(If death occurred in a hospital or institution, give its NAME instead of street and no second second in u.S. if of foreign birth?	
2. FULL NA	01			1 State of the sta)U
			Saver		
(a) Resider	ice: No.	(Usuai plase	of abode)	St., Ward. If nonresident give city or town and S	State
PERSON	NAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	4
Male.	4. COLOR OR RACE		RIED, WIOOWED, D (write the word)	21. DATE OF DEATH (Mg/th) (Day)	193 3 (Year)
a. If married, widow HUSBANO of (or) WIFE of	ved, or divorced	-gla	0	22. I HEREBY CERTIFY, That i attended d	eceased fro
. DATE OF BIRTH	(month, day, and yeer)	nac	1876	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	death is sa
7. AGE Yes	Months 5	Not Kee	If LESS than 1 day,hrs.	to have occurred on the date stated above, a	
8. Trade, profe kind of v SAWYER 9. Industry or	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etcbusiness in which	Farm	Helfer	Orten Sclervis	Oate of onse
SAW MII	s done, as SILK MILL, LL, BANK, etc. ed last worked at pation month and	11. Total t spe	ime (years) nt in this	January January	
2. BIRTHPLACE (ci		you, 9	naugland	Other Contributory Causes of importance:	
13. NAME	John	San	rend		
13. NAME	,	2 rela	nd	Name of operation Date of	
(State of	country)			What test confirmed diagnosis? Was there an au	lopsy?
	ME (city or town) country)	Irela	nel	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	, 19
7. INFORMANT (Address)	Michae	Samuelle	nerd	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	DE,
8. BURIAL, CREMAT		Oate Cang	1.9,1933	Manner of injury	
9. UNOERTAKER (Address)	Wm S	Bur	my	24. Was diseese or injury in any way releted to occupation of deceased?	
20. FILEO any	18,19.33	Villeam &	Chilcon	(Signed) 3 K Berry (Address) Cycley such M	M. !

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GEGEIAED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

m of	hould	000		
ite	302	Jo		
RECORD. Every	. PHYSICIANS	Exact statement		
IS A PERMANENT	stated EXACTLY	properly classified.	certificate.	
E	be	pe	of	
N. B.—WRITE PLAINLY, WITH UNFABING INK—THIS IS A PERMANENT RECORD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	TION is very important. See instructions on back of certificate.	

1. PLACE O	SIAIE	OF MAR	YLAND—	CERTIFICATE	OF DEATH	07913
County	1) alter	nion			Registration Dist. No. 4	4
Village or C	ity Dun	er Sta	turi	NDNDNDNDNDND	St., itution, give its NAME instead of street a	Ward
2. FULL NA (a) Residen	7	Tom	Seu	ds. How long in U.S. i	f of foraign birth?yrs,	mosds
(a) Residen		(Usual place	of abode)	St.,waru.	If nonresident give city or town	and State
PERSON	IAL AND STATIST	ICAL PARTI	CULARS	MEDICAL	CERTIFICATE OF DEATH	1
3. SEX ?	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	Month of (Day)	193
5a. If marriad, widow HUSBAND of (or) WIFE of	rad, or divorcad			22. I HEREB	Y CERTIFY, That I attend	ded dacaasad from
6. DATE OF BIRTH	(month, day, and yaar)	ang ?	8.1933	I last saw h alive on	19,10,19	, 19 ; daath is sale
7. AGE Yaa		0995	If LESS then 1 day,hrs. ormin.	to have occurred on the date sta The PRINCIPAL CAUSE OF DE ware as follows:	atad abova, atm. ATH end related causes of importance	Date of onset
8. Trade, profes kind of v SAWYER, 9. Industry or	ssion, or particular vork dona, as SPINNER, , BDOKKEEPER, atcbusiness in which			still to	n infant	
work was SAW MIL	s dona, as SILK MILL, L, BANK, atc ad last worked at pation (month and	11. Total t	ime (yaars)		(6 weers))
yaar) 12. BIRTHPLACE (cit (State or cou	ty or town) Dun	ner S	fa no	Othar Contributory Causes of im	portanca:	
	n frew e	Sewan	rd q	-		
1.	(city or town)	7.0,	(Data o	
15. MAIDEN NA	ME Timie	Heal	speth		causes (VIOLENCE) fill in also the follow	
_	(city or town)	10	/	N .	Date of injury	
17. INFORMANT (Addrass)	Tinnie	Sery g	grd		(Specify city or town, county and in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMAT	TION, OR REMOVAL	mas Ho	pinis	Menner of injury		
19. UNDERTAKER (Addrass)	natomica	Late	eratory	24. Was diseasa or injury in eny	way related to occupation of dacaasad?	
20. FILED Dug	30,19336	4 Ser	mion (h) Registrar.	(Signad) (Addrass)	farens Ger	M. D
U	If more	blanks are needed, a	eddress State Registrar,	2411 N. Charles Street, Baltimore	Requesting U. S. No. 1.	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

07914

		ity Mt.	Wilso		(II)_yrs,_6_mos	MT Wilson Branch No.Tuberculosis Sanatoriumst, f death occurred in a hospital or institution, give its NAME instead of street and its 25 ds. How long in U.S. if of foreign blith?	Ward aumber)
:	2. FULL NA						
	(a) Residence	ce: No	2719 Pi	resbury (Usual place	of abode)	St., Ward. Baltimore, Marylan If nonresident give city or town and	d.
	PERSON	AL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married				D (write the word)	21. DATE OF DEATH August 2 (Month) (Dey)	, 193 3 (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Leslie C. Shaw				Shaw		22. I HEREBY CERTIFY, That I attended January 8th, 19 33, to August 2nd	deceesed from
6.	6. DATE OF BIRTH (month, day, and year) August 13, 1896				1896	Hast saw h.er alive on August 2nd, 1933	s , 1900
	AGE Year	rs	Months 11	Deys 20	If LESS than I day,hrs.	to have occurred on the date stated above, a 3 • 45 Pm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Oata of onset
OCCUPATION	9. Industry or b work wes SAW MILI 10. Date decese this occup	ork done, es BOOKKEEPER Dusiness in wh done, as SILH L, BANK, etc	SPINNER, TR. etc	Housewid		Pulmonary Tuberculosis	May 1932
12.	BIRTHPLACE (city (State or coun	y or town)S	herwoo larylar			Other Contributory Causes of importance: Laryngeal Tuberculosis	Jan.
HER	置 13. NAME Henry C. Lambdin						1933
13. NAME Henry C. Lambdin 14. BIRTHPLACE (city or town) Sherwood (State or country) Maryland						Neme of operation No operation Date of What test confirmed diagnosis? X-ray, and Was there an a	utopsy2V0
IER	15. MAIOEN NAME Haddie Willey					23. If death was due to external causes (VIOLENCE) fill in also the following	sputum
15. MAIOEN NAME Haddie Willey 16. BIRTHPLACE (city or town) St. Michaels (State or country) Maryland						Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Louis Schuerholz (Address) Mt. Wilson, Maryland.					4	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	:) NCE.
18.	Plece Po			noste Au	9 4, 1933	Manner of injury	
19.	UNDERTAKER (Address)	north	Tue 4 Be	bener a	& Sone	24. Was disease or Injury in any way releted to occupation of deceased? No)
20.	FILEDALLY S	3 , 193	3 /	100	Mysu Registrar.	(Signed) To Mi Con Md.	M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

No.

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BURBAU V.S.			,
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Gallstones	May 1,1923	Gastroenteritis	1 year

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RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

taborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House er," etc., Never return 'Laboret," "Foreman," "Ninager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of onreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile Stationary fireman, etc. factory. The materia Salesman, (b) Locomolive engineer But in many Grocery,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinst fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

> causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved (Recommendations on statement of cause of death as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic vaw Chronic interstitud nephritis, etc. unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on and consequences (e.g., sepsis valeular heart disease; Nomenclature The contributory Messles

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A 1 the data is essential and must be obtained before the certificate is permanently fied.

N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH 07918
1. PLACE OF SEATH	(46)
County Lagro Carrely	Registration Dist. No. 42
Village or City of augus Hughes	Natammunds Herry Ref. St., Ward f death occurred in a hospital or institution, give it NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary J. Infrich	
	St., Ward.
(Usual place of abyde)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Senule white bedowed	(Month) (Day) (Year)
Sa. If married, widowed, or divorced	1
(or) WIFE OF Welliam S. While	1 HEREBY CERTIFY, That I attended deceased from 1933 to Garage 8 1933
6. DATE OF BIRTH (month, day, and year) May 1/1/868	I last sample a alive on any 8 , 1923; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated (bove, at/Rm.
65 2 97 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8 Trade profession or particular	arteres Sclerosio Date of onset
SAWYER, BOOKKEEPER, etc. Causeurfa	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at 11. Total time (years)	
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Aronthury	Other Contributory Causes of Importance Tornesk 3 mo.
(State or country)	and have small smo.
13. NAME Lames Scheiles	- Laur -
13. NAME Anus Schulds 14. BIRTHPLACE (city or town)	Name of operation More Date of
(State or country)	What test confirmed diagnosis formula Was there an au'opsy? ho
15. MAIDEN NAME Muly wet Beaut	23. If death wes due to external causes (VIOL ENCY) fill in also the following:
15. MAIDEN NAME Murguet Beaut	Accident, suicide, or homicide? Date of injury, 19
(State or country) felland	Where did injury occur?
17. INFORMANT William Ulrich (Son)	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place Dried Redge Date Club 10 4 1933	Manner of injury
Topas Q 11	Nature of injury
19. UNDERTAKER (Addiess) (217 St. Paul St.	24. Was disease or injury in any wey related to occupation of deceased?
Be a 22 M Mallialte	If so, specify (9)
20. FILED The Gregory, 1933 The Register.	(Address 708 Hallius Keny Rela
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSI. STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. atons villar 205 Shady Mork Cts. (If death occurred in a hospital or instituion, give its NAME instend of street and aumber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE | 5 SINGLE. MARRIED (Day) OR DIVORCED (Write the word I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH ... June 1st 1983. to ... August 22. . 19233 that I last saw h 6r. alive on August 22., 133. and that death occurred on the date stated above, at .1.1 .: 30pp. 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs. J...mos. 22 ds. or ... min. ? Pulminary Tuberculosis 8 OCCUPATION (a) Trade, profession or particular kind of work...... (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country 10 NAME OF (Signed) *State the Disease Causing Death, or, in deaths from OF FATHER Z Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal, (State or country 0 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) OCC 13 BIRTHPLACE At place State, yrs. mos. of death yrs. . . . mos. da, (State or country) Where was disease contracted, if not at place of death?... Former or usual residence. ACE OF BURIAL OR REMOVAL DATE OF BURYA ADDDESS Filed 0 If more blanks are needed address State Registrar. 16 W. Saratoga St., Ralte., Requesting V.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) at liftional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planta tion applies to each and every person, irrespective of fulness of various parsults can be known. The ques cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook to report specifically the occ pations ployed, as At school or At home. Care should be taken definite salury), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The materia Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; whatever, write None ti ed 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or A! without more precise specification as Day Home, and children, not gainfully em--Coal mine, etc. Womof persons en-

Statement of Canse of Death—Name. first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

diseases resulting from childblrth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasiaus," "Old Age." "Shock," symptomatle), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia." ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Meastes (discase Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms);(name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menquences: ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such. If impossible to determine definitely and qualify as accidental, suicidal, or momicidal, or State cause for which surgical operation was under-"Puerperal septicuemia." "Puerperal peritonitis," "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions." (secondary or intercurrent) affection need not be Nomenclature of the American Medical Association.) ment of cause of death approved by Committee Whooping cough; of "contributory." FOR VIOLENT DEATHS STATE MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Semile." etc.), Chronic valvular heart (Recommendations on state-"Anaemia" Meastes; (seconddiscuse; (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07920
1. PLACE OF DEATH	(131)
County Ballonnue	Registration Dist. No.
Village or City Edgemere	No. Ma Grace St., Ward death occurred in Anospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?wrsmosds.
2. FULL NAME Gustave Wagner.	
(a) Residence: No. Wagner Que (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE OR DIVORCED Gravite the word) Male 4. COLOR, OR RACE OR DIVORCED Gravite the word)	21. DATE OF DEATH 27 1933 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Hillegree	1 HEREBY CERTIFY. Thet I attended daceased from 1933. to August 27. 1933.
6. DATE OF BIRTH (month, day, and year) Oct 31 /855	Plast saw h im alive on angust 27, 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and spent in this	Carais-Vascular-Renaldis, sug 1932
10. Date deceased last worked at this eccupation (month and year) 11. Total time (years) spent in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) — Germany (State or country)	Hypertrophic Prostatilis 1930
13. NAME Sant Know	
13. NAME Sont Rune 14. BIRTHPLACE (city or town) formary (State or country)	Name of operation Date of What test confirmed diagnosis Ph. & Ral. E. Was there an au'opsy? 200
15. MAIDEN NAME Rose Kuhn	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Rose Ruhn 16. BIRTHPLACE (city or town) Germany (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMATION Townse Wagner (Address) Wagner Coul Edgemere med	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Oak gawn Date Cuy 30, 1933	Manner of injury
19. UNDERTAKER John + Denny (Address) 715 Light 54	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDLIG V8 , 1933 SAFALTO COMPARENTER.	(Signad) M. D. (Address) Andalk , M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

ARGIN

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	·1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURLED V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	tem	shor)t	/
	Every in	CIANS	tement c	
	ORD.	HASI	sta	
•	REC	7	Exact	
NDING	MANENT	XACTLY	classified.	
FOR BI	IS A PEF	stated E.	properly e	ertificate.
Q Q	HIS	pe	þe	of c
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O	TION is very important. See instructions on back of certificate.
IARGIN	UNFAD	upplied.	terms, s	e instruc
	WITH	efully s	in plain	ant. Se
D	LAINLY,	uld be car	F DEATH	ery imports
)	WRITE P	ation sho	AUSE OF	YON is ve
0.1		H	0	I

1. PLACE OF DEATH	MARYLAND—	- 940	OI DEAT	07	322
County Ballangor	L		Registration Dis	t. No.	
Village or City Luttles		Nodeath occurred in a hospital or institu			umber)
2. FULL NAME (a) Residence: No. Abouts	n occurred yrs mos.	ds. How long in U.S. if a	of foreign birth?	yrsmos	ds.
(a) Residence. No.	(Usual place of abode)		If nonresident give	e city or town and	State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL C	ERTIFICATE C	F DEATH	
Male Haite	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	2 2 (Month)	(Day)	198 <u>3</u> (Year)
5a. If married, widowed, or divorced HIJSBAND of (or) WIFE of Warus 4	ard		CERTIFY,		
S. DATE OF BIRTH (month, day, and year)		I last saw h alive on		, 19	; death is said
7. AGE Years Months	Days If LESS than 1 day, hrs. or min.	to have occurred on the date state The PRINCIPAL CAUSE OF DEA' were as follows:			Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	mber	anguaa	Kelons		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years)	Deart du	east)		
12. BIRTHPLACE (city of town) Baltin	spant in this occupation	Other Contributory Causes of imp	ortance:		
(State or county) 13. NAME John Han 14. BIRTHPLOGE (city or town) Battle (State or county)	d dia.	-			
14. BIRTHPLACE (city or town) / Satta (State or country)	more, Ald.	Name of operation What test confirmed diagnosis?			
15. MAIDEN NAME Mane a. 16. BIRTHPLACE (city or town) (State or country)	land	23. If death was due to external ca Accident, suicide, or homicide? Where did injury occur?	Dat	te of injury	, 19
17. INFORMANT Marie Haro (Address) Houris ave Little	tievelle out	Specify whether injury occurred	(Specify city or town INDUSTRY, in HOME	wn, county and State E, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Place national and	Date Aug 25 , 1933	Manner of injury			
19. UNDERTAKER Sita Wiederell (Address) 914 Greenware	ant age. on	24. Was disease or injury in any of the so, specify (Signed) Alleans		on of deceased?	cer)
20, FILED (193) 1935	sessicoly.	(Address)	MATHE AND		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	8 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were as	f death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	THE TO THE STATE	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	4. 1.1.1	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	Sel is aua	3 days ago
¥ ;.			QUIA TOTOVO	
Other contributory causes of importance:	May 1,1923	Other contributory can	ises of importance:	1 year
R.				

	1		

V. S. No.

18 BURIAL, CREMATION, OR REMOVAL

19. UNDERTAR

20. FILED ...

(Address)

of OCCUPA.

STATE OF MARYLAN	D-CERTIFICATE OF DEATH 07923
1. PLACE OF DEATH	
County Ballimore	Registration Dist. No. 4
Village or City Marlyn are Ste	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs 2. FULL NAME Ida Mary Wes	mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. Marlyn ave (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Fernale While 5. SINGLE, MARRIED, WIDOW OR DIFORCED (write the v	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) January 12-1	/933
7. AGE Years Months Days If LESS	
7 18 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPPER, etc.	Dissentary Catarrial Que
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Date deceased last worked at this occuration (month and spent in this separt in this	Duration: two days.
Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Baltimore W. (State or country)	Other Contributery Causes of importance:
13. NAME Henry Weininger	
13. NAME Henry Weininger 14. BIRTHPLACE (city or town). (State or country) Warrland	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Louise Barry 16. BIRTHPLACE (city or town) Maryland (State or country) Maryland	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Louise Weininger	(Specify city or town, county and State) Specify whether Injory occurred in IMDUSTRY, in HDME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Register

Manner of injury

If so, specify (Signed)

24. Was disease er injury in any way related to occupation of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	imple I		Example II		
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis		1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	ARD IS THE	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	2014	July 5,1927	Peritonitis	3 days ago	
Other contributory causes o	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				200	

STATE OF MARYLAN CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-....Ward) tion, give its NAME in-stead of street and number.)

IVAIIL	
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Mouth) (Day) (Year)
and the control of th	I HEREBY CERTIFY, That I attended the deceased from 1923 to 2, 4, 1923, that I last saw h slive on 5, 193, 193,
Buth If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at death m. The CAUSE OF DEATH * was as follows: The CAUSE OF DEATH * was as follows:
ssion or of work re of industry olishment in	Recedendal Hammingge and Hydro Cephial Miracom yra mos da.
or (employer) Monklon R.F. D ml	Contributory Secondary (Durstion) (Signed) (Signed) (Signed) (M. D.
Earl C. Myr untry) Back Co Ml	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Margaret Lillian Jackson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Earl C. Whye	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Monklon R. F. D md 2197 1925 Melus Bookers	Carl Muse Fatty. Monkly
If more bianks are needed, address Ltate Registrat	, 16 W. Saratoga St. Ballo., Requesting V. S. No. 1.

8

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write Nonc. work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." American Medical Association.) approved by accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL scplicaemia," "PUERPERAL perilonitis," etc. (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tubcrculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY cough; or intercurrent) Committee on ChronicExample: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature of the Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE (OF MAR	YLAND-	CERTIFICATE	OF DE	ATH 07	925
1. PLACE OF DEATH	7 1-		<u> </u>		7~	
County / Jak				Registration	n Dist. No.	
Village or City	Iler.		No.	STATE OF THE STATE	St.,	Ward
Length of residence in city or town where	death occurred	yrsmos			yrs	
2. FULL NAME	Not	Vanne	e Will	illm		
(a) Residence: No.			St., Ward.			-,
PERSONAL AND STATIST	(Usual place		MEDICAL		nt give city or town an	d State
3. SEX 4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH		E OF DEATH	
Office.	OR DIVORCE	D (write the word)	ZI. DAIL OF BEATH	ang	27 %	. 1933
5a. If married, widowed, or divorced	· cheal	2		(Month)	(Oay)	(Year)
HUSBANO of (or) WIFE of			22. I HEREB	YCERTIE	FY. That I attended	d deceased from
		10	lug 24 th	, 1923, to	ung 27th	, 1923
o. Division Control (month, day, ond year)	lug gaste	1,923	I last saw h elive on	(Man)	aug 27, 1933	; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date st			6/933
pute 13 mil		ormin.	The PRINCIPAL CAUSE OF DE wero as follows:	ATH and releted cat	uses of importence	Oate of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.		-	7971	9	7 7	- ang 27 273
SAWYER, BOOKKEEPER, etc	/ -		Musican	rege -	2/11/20	
kind of work done, es SPINNER. SAWYER, BOOKKEEPER, etc						
10. Date deceased last worked et this occupation (month end	11. Total t	ime (years)				
year)		pation	Other Contributory Causes of In	mnortance:		
12. BIRTHPLACE (city or town)	Par - Par	of	1 7 10 17 1	- acceptes	17	
(State or country)	The Contract		- Cause			
13. NAME /homas M, &	Mikel	ne_	newortiggs	e TC		
14. BIRTHPLACE (city or town)			Name of operation		Dete of.	
(State or country)		,	Whet test confirmed diegnosis?.	-	Was there an	autopsy?
15. MAIOEN NAME Fillen De	orthe A	essler	23. If death was due to externel	couses (VIOL ENCE)	fill in also the following	ng:
16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?.	, 0	. Date of injury	LL T, 19 73
(State or country)	13:10	7 ,	Where did injury occur?	(Specify city	or town, county and St	ata)
17. INFORMANT Aba Thornes I	L. Krixto	ekne	Specify whether Injury occurred	d in INOUSTRY, In H	IOME, or in PUBLIC P	LACE.
(Address) 18. BURIAL, CREMATION, UR REMOVAL	les no	d		tom		
Place Force Larde	- Oate Car	-02741925	Manner of injury	4- /	n n	. A -
	11 1 1 1		Nature of injury Quantum	Ramorrha	700-000	/
19. UNDERTAKER HES MC NIL	relin T	asher	24. Wes disease or injury in any	way related to occu	pation of deceased?	
4	De 114	2. 3	If so, specify	H 15	ach-	
20. FILEO aug 27 7 , 1933 17/1	Drach	PL A. Registrar.	(Signed) (Address)	ockagas	ulle mix	M. D.
If more	blanks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore,	Requesting V. S. N.	o. I.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	and the second	Example II	
1	The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	Arteriosclerosis	1915	Attack of epilepsy	1 week ago
	Chronic interstitial nephritis	1921	Run over by street car	1 week ago
	Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	AUREAT W.			
	Other centributory causes of importance:		Other contributory causes of importance:	
	Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	17000
1. PLACE OF DEATH	92-32	17926
County Beltimore	Registration Dist. No.	0
Village Catousill Upr	enso Grove State Hosp. st.,	Ward
	death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs n	
2. FULL NAME MAN & Wines	4.	
11- 51 6	St. Ward Balkemore	
(a) Residence: No. //2 3 200 (Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	-
tenede White widow	(Month) (Day)	(Year)
5a. If married, widowed, or differed HUSBAND of	22. O 1 HEREBY CERTIFY. That I attended	d descend from
(or) WIFE of	Jan 12 1933 to ang	1983
6. DATE OF BIRTH (month, day, and year) unknown	Tast saw here alive on Que 7 1933	e: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 944 m.	
86 ? 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8 Trade profession or particular	were astunions.	Date of enset
9 Industry or business in which work was done, as SILK MILL,	71	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last workad at 11. Total time (years)	Chr Endocardetis	62no
this occupation (month and year) 3 3 spent in this occupation		
12	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	asteri con a	12
13, NAME Of I tank Plenkert	De la Parchasia	1000
13. NAME Cafford Pleenhert 14. BIRTHPLACE (city or town)	Name of operation Data of	0:Mas
(State or country) Greland	What test confirmed diagnosis? Was there an	autoney?
15. MAIOEN NAME Sabelle Shawley	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury	
(State or country) Ineland	Where did injury occur?	,
17, INFORMANT Mrs. Man Deeder	(Specify city or town, county and Str Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	nte) LACE,
(Address) 1/2 3 26 ng Wood Ob		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
helea Cathedrol Date aug 10, 1933	Nature of injury	0
19. UNDERTAKER IM Dickney & Arus	24. Was disease or injury in any way related to occupation of deceased?	No.
(Address) from the of a de	If so, specify	,
20. FILED 8/8 , 133 // 6 Jung ser	(Signed) Voot C. Janet	M. D.
defauty Registrar.	(Address) Catomarille &	nel
If more blocks are needed, Adress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car 1 week ago Chronic interstitiat nephritis 1921 Julu 5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1928 1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilcpsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 ğ ż of OCCUPA-

STATE OF MARTLAND	CERTIFICATE OF DEATH 07928
1. PLACE OF DEATH	0 (95-12) 1/0
County / Jallo	Registration Dist. No.
Village or City Hidge Nd Olemner	St., Ward
Length of residence in city of town where death occurred.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME JOENSI MUSTLOND	3
(a) Residence: No. Track Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White R MORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
1. 1.000	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 20. 14. 1866	I last saw h; death is said
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, at
68 March 2 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER 9.75.00 10	DA A
kind of work done, as SPINNER. Wage SH	Julmonary Redenia
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	A LA
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this progration from the state of t	Nur lo Lardiat,
this occupation (month and spent in this 50 occupation 50	Jusufficiency
7 6 /	Other Contributery Causes of importance
12. BIRTHPLACE (city or town) (State or country)	NINA, a. ayaramou
	5713/38lair Rd
I O	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Total of County)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT CONTROL S. JANUARY	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Held & Remarks (18) BURIAL CREMATION, OR REMOVAL	K
Plan Rate in Centery July - 1933	Manner of injury
26 1 1 1 1 1 1	Nature of injury
19. UNDERTAKET REDOUGH CASES MILLON	24. Was disease or Injury in any way related to occupation of deceased?
(Address / go) Belay wood	If so, specify
20. FILED 817 , 19 33 D. a. trata mo	(Signed) Sharing John, D.
Registrar.	(Address) / owsow make

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

univers !

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of Juset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of carlesson	1 week ago
Chronie interstitial nephritis	1021	Bun over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritorutie 117	3 days ago
	1 CIG	Arm	
	6	ATROETA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

of OCCUPA.

Exact statement

0	7	9	63	3
				4.

1. PLACE OF DEATH	(95.2)
County Pallo	Registration Dist. No. 7/3
Village or City tullerlow Med	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of low where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME devy, you	
(a) Residence: No. Full The	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4_COLOR_OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	3A Que 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANG (or) WIFE of Control of C	22. I HEREBY CERTIFY, That I ettended deceased from
porphur joung.	, 19, 19, 19, 19
6. DATE OF BURTH (month, day, end yeer) May 128, 187/	I lest saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
57 March 289 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows
8. Trade, profession, or particular line wind of work done as SPINNER	Date of onest
kind of work done, as SPINNER. Subject spenner	0 40
9. Industry or business in which work wes done, as SILK MILL, Silver mill	Nus la Cardiac
kind of work done, as SPINNER. Liber SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work west done, as SILK MILL, Silver mill SAW MILL, BANK, etc. 10. Date deceased last worked et this occasion when the property of the constitution o	9 0%
this occupation (month and 1993 spent in this Influence	Susuffectively
10 - 14-0 - 2001	Dther Contributors Capacing Importance
12. BIRTHPLACE (city or town) Solution (State or country)	
13. NAME CO ZION RUSKU	Japer Tolly
13. NAME NO FLOT PLINOKU- 14. BIRTHPLACE (city or town)	Name of operation Date of
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME NO WOT ANDW	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANTO SERVED At Omitte	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Selleslow Mile	
18. BURIAL, CREMATION, OR REMOVAL LO OTTA	Manner of Injury
Transform of an Connie Cing 77), 19	Nature of injury
19. UNDERTAKES OLE SIEKLASSEMITONS	24. Was disease a injury in any wey related to occupation of deceesed?
(Address) 7401 Belan 1100	If so, specify A A
20. FILED 8/7 1933 J. A. F. /;	(signettiment of Norman & I MOD.
Registrar,	Maries Office and A Shift

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenfer, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other entributory causes of importance, name other important diseases or injuries. Examples:

Example	51	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
13 2 2			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

HEALTH DEPARTMENT—CITY OF BALTIMORE

of of of	CERTIFICAT	E OF DEATH (39)	
Every item CIANS sho t statement	city of Baltimore County of County of Baltimore (No. Morth)	Registered No (If desth of a hospital or give its NAM of street and n	institution, IE instead
SIC act	Length of residence in city or town where death occurredyrs		
ORD. PHY	2. FULL NAME DOLD Young	*13 (C) /	
NT CTF. classified.	(a) Residence: No. (Usual piece of abode)	WardWard	nd State)
E as of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	TELL
ERMANE tated EXA properly of certifica	3. SEX 4. Color or Race or Divorced (write the word) 5a. If married, widowed, or divorced (urite the word) HUSBAND of (or) WIFE of	21. DATE OF DEATH (month, day, year) 1 HEREBY CERTIFY, That I attended december 1 december 1 december 2 december 1 december 2 decem	3 . 1932 eased from
A P P ay be back	6. DATE OF BIRTH (month, day, year) and 25/874	to have occurred on the date stated above, at	
hould it m	7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	The principal cause of death and related causes of importance were as follows:	Date of enset
NG INK—THI plied. AGE s terms, so that See instruction	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Other contributory causes of importance: 2	10 Jery
VFADI lly sup plain tant.	12. BIRTHPLACE (city or town) Balta (State or country)	De atites Melipus	<u> </u>
H Ul	13. NAME TOWN Stagen 14. BIRTHPLACE (cky or town)	Name of operation. Name of operation. Date of.	
Y, V, Id be DE	(State or country)	What test confirmed diagnosis?	iso the foi-
ion shoul USE OF	16. BIRTHPLACE (city or town).	Where did injury occur?	and State)
ECA	17. INFORMANT Worthy, Joseph Phys. L. (Address)	place	
WRIT inform state OCCU	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	504 decembro 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ë.	19. UNDERTAKER Mastral M.C. C.	24. Was disease or injury in any way related to occupation o	of deceased
(0)	20. FILED fing 1t , 19.33 John U. Gruelly Registrary	(Signed) M. a. Jacobs (Address) 1988 M. Burtaley 8	, M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Example I		Example II	
The principal cause of death and relate causes of importance were as follows:	d Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	(A)	Other contributory causes of importance:	•
Gallstones	May 1, 1923	Gastroentcritis	1 year
			THE PARTY OF

BINDING

RESERVED FOR

MARGIN

S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County Sulling	CERTIFICATE OF DEATH
		11 H Registration Dist. No. 32
1	Village or City Slevensen (No. Hel	lacel K d 6t.: Ward) a hospital or institu
	2FULL NAME John Hunter 4	tion, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	3 SEX 4 COLOR OR RACE SEINGLE.	16 DATE OF DEATH
	male white OP - OF STORED (Write the word)	august (Month) 5 (Day) 1933 Year)
	6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
	March 23, 1849, 1	June 1933. to august 5, 1933
	(Month) (Day) (Year)	that I last saw h Langlist 1 13 3
	7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
	\$4 yrs. 4 mos. 13 ds. or min.?	Carcinema of Stanuar L
1	a OCCUPATION (a) Trade, profession or	
1	particular kind of work	
	business, or establishment in	(Duration) / yrs. mos. ds.
	which employed or (employer)	Contributory Generalized Carcinomatoric
	(State or country) Balling MI	Secondary (Duration) yrs A. A. ds.
	TO NAME OF FATHER IN THE STATE OF THE STATE	(Signed) Francis W. Gluck M. D.
	Wanter Co	8/5/3 192 (Address) 1/15 81 Paul St.
	OF FATHER Bullinie Md. Z (State or country)	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	12 MAIDEN NAME OF MOTHER OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER (State or country) Rullinore Mod;	At place of death yrs
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Mr. March Terren	Former or usual residence
	(Informant) WMD MMM - HOLLING	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Colleges Ma	- Daniel Gedge. Tung 9, 19 33
	File Gleg 1933 N.C. Myse. Registrar	heroweth & Son Chestrut ave
	If were howles are model address the Whitever	16 W Seretore St. Balto, Frauesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook work, or At Hame, and children, not gainfully em-ployed. us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician. Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material The ques-

Statement of Cause of Death—Name, first, the DISEALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart failure," "Haemorrhage, "
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmcumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid approved by Committee on or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic and consequences (e. g., sepsis Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

ż

1. PLACE OF DEATH	CERTIFICATE OF DEATH 07932
	59
County Baltimore	Registration Dist. No.
Village or City 5 allmore City 1.0	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth?
2. FULL NAME Martha Katherine	- Searlass
(a) Residence: No. 6003 Lungun Cabler	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Jemale White Widowed	(Month) (Day) (Yeer)
Ve. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I ettended deceased from
(or) WIFE of Sauce A. Zearfoss.	July 3/ 1933, to august 2, 1933
6. DATE OF BIRTH (month, day, end yeer) Jan. 23 1863	Wast saw h. Dr. alive on arguist 2, 1933; death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the dete stated above, at \$\frac{1}{2} \mathcal{P}_m.
73 6 10 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Chronie Myoearditis puntusion
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	with aurinlan Fibrillation
10. Oete deceased lest worked at 11. Totel time (yeers)	
this occupation (month end spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Pennsylvania.	Theshire to
13. NAME Neury Ste Wolk	authorize and a second
13. NAME Neury Fre Holk	Neme of operation home a Dete of
(State of country)	What test confirmed diegnosis Physical Linding there an eutopsy? 20
15. MAIOEN NAME Chepround	23. If death was due to externel ceuses (VIOL MCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Servary	Where did injury occur?
17. INFORMANT Mrs. Elizabeth stalfort	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 6003 Surger Calo and	
Place Physics Date Date 3 1963	Manner of injury
Place Fluida Place Date Star y 3 , 1983	Nature of injury
19. UNOERTAKER JOSEPH Syft	24. Wes disease or Injury in eny way related to occupation of deceased?
(Address) V6 or yr. North are	If so, specify
20. FILED ary 2 , 19.33 marshall 13 Cost	(Signed) Sound V. Cruacos M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE	FOR	RURTHER	STATEMENTS	BY	PHYSICIAN
WINDITIONS	SIAUL	LOW	T. OTCTITIZE	STATISMINATION	27 %	I TITIOIOTETIA